

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/02/2016
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NAME OF PROVIDER OR SUPPLIER GREENBRIAR VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 SPOON DR INDIANAPOLIS, IN 46219
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00191167, IN00192179, IN00190986 and IN001901794.</p> <p>Complaint IN00191167-Substantiated. State deficiencies related to the allegations are cited at R240 and R349.</p> <p>Complaint IN00192179-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00190986-Substantiated. State deficiencies related to the allegations are cited at R217.</p> <p>Complaint IN001901794-Substantiated. State deficiencies related to the allegations are cited R349.</p> <p>Survey dates: February 1 and 2, 2016.</p> <p>Facility: 011799 Provider: 011799 AIM number: n/a</p> <p>Census bed type: Residential: 99 Total: 99</p> <p>Census payor type:</p>	R 0000		
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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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R 0217 Bldg. 00	<p>Medicaid: 77 Other: 22 Total: 99</p> <p>Sample: 11</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 30576 on February 5, 2016.</p> <p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by</p>			

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	<p>the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on interview and record review, the facility failed to create a service plan for 1 of 11 residents reviewed for service plans. (Resident # M)</p> <p>Findings include:</p> <p>The clinical record for Resident #M was reviewed on 2/2/16 at 8:30 a.m. The diagnoses for Resident #M included, but were not limited to: psychosis with delusions. Resident #M's admission date was 7/31/15.</p> <p>Personal Care Agreement dated, 6/5/15 indicated an assessment tool was used to asses Resident #M's following needs:</p> <p>Medication Assistance Diabetes Assistance Treatments</p>	R 0217	<p>"This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of Greenbriar Village as to the accuracy of the surveyors' findings or the conclusions drawn there from. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it</p>	03/18/2016

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	<p>Bathing and Bathroom Assistance Dressing and Grooming Dining Mobility, transfers, Escort Orientation, Safety, Behavior Lifestyle Habits</p> <p>Level of Service Assessment/Evaluation dated, 8/6/15 indicated an assessment tool was used to assess Resident #M's following needs:</p> <p>Awareness of own needs Behavior Wandering Night Needs Feeding Transferring Dress/Undress Bathing Bowel Control Mobility Medication Procedures Treatment Procedures</p> <p>An interview was conducted with the Assistant Living Coordinator on 2/2/16 at 12:00 p.m. She indicated the Personal Care Agreement dated, 6/5/15 was done prior to Resident #M's admission, and the Level of Service Assessment/Evaluation dated, 8/6/15 was an outside agency's assessment tool used in the facility after Resident #M's admission regarding her</p>		<p>be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies." What correctiveaction(s) will be accomplished for those residents who were found to have been affected by the deficient practice; The Assisted Living Coordinator has met with resident "M" reviewing her care plan and appropriate signatures were obtained. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents have the potential to be affected by the deficient practice. A formal tracking process will be enacted to track when care plans are due along with an audit to ensure all care plans are completed per the schedule What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; The DON or designee will conduct monthly chart audits to ensure the care plan schedule is followed as written How the corrective action(s) will be monitored to ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place; and This system will be audited monthly to ensure all care plans are completed in a</p>	

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R 0240 Bldg. 00	<p>medicaid waiver. She indicated Resident #M does not have a service plan at this time.</p> <p>The Director of Nursing (DON) provided on 2/2/16 at 3:40 p.m., a written letter by Assistant Living Coordinator stated that on December 29, 2015, she had spoken to Resident #M's family about Resident #M's changes of condition and had created a care plan over the phone.</p> <p>An interview was conducted with the DON on 2/2/16 at 4:00 p.m. She indicated there was no service plan on file for Resident #M.</p> <p>The DON provided a service plan policy on 2/2/16 at 4:30 p.m. "Personal Service Plan's 1. Complete Service plan every 3 months and if there are any changes. 2. Complete mini mental every year".</p> <p>This Residential tag relates to Complaint #IN00190986.</p> <p>410 IAC 16.2-5-4(d) Health Services - Deficiency (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences. Based on observation, interview, and record review, the facility failed to</p>	R 0240	<p>timely manner with monthly and random monitoring conducted on an ongoing basis. By what date the systemic changes will be completed. All careplans will be updated and/or completed by 3-18-16.</p> <p>What corrective action(s) will be accomplished for those residents who were found to have</p>	03/18/2016			

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	<p>administer a resident's antibiotic medication and obtain daily blood pressure readings, as ordered, for 1 of 11 residents reviewed for following physician's orders. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 2/1/16 at 10:30 a.m. The diagnoses for Resident #B included, but were not limited to: acute bronchitis and pneumonia.</p> <p>The 12/31/15 M.D Progress Note for Resident #B indicated, "In to see pt (patient) today @ (name of facility). Nursing staff and patient report cough X (times) 2 days. Pt has had runny nose, watery eyes, and anorexia and a mild sore throat. Pt also reports non-productive cough, dyspnea (difficult or labored breathing) yesterday, and chest congestion. Staff reports that pt has been resting in bed most of the last two days and pushing fluids. Has had chills but no documented fever. Medication list reviewed and updated....Respiratory: Positive for cough and shortness of breath. Negative for wheezing....Assessment: 1. Acute bronchitis, unspecified organism....Plan: Zithromax (antibiotic also known as Z-pak) as ordered. Encourage increased</p>		<p>been affected by the deficient practice; An x-ray was ordered by the physician resulting in no pneumonic process or pleural effusion, physican feels no further follow up is warranted How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents receiving medication administration have the potential to be affected by the deficient practice. All physician orders will be audited by DON or designee for correct transcription What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; A Quality Assurance Form for completion of physician orders has been developed to ensure the proper process is followed for orders on an ongoing basis. The nurses will be in-serviced on correct completion of the form How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and The completion of the Quality Assurance Form for completion of physician orders will be monitored by the DON and/or designee monthly during re-writes on an ongoing basis. By what date the systemic changes will be completed. Systemic changes will be</p>	

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	<p>fluid intake. Chest x-ray. CBC (complete blood count), BMP (basic metabolic panel), lipid panel, HgbA1c due 1/5/16. Check BP (blood pressure) daily X 5 days."</p> <p>The 12/31/15 Physician's Orders for Resident #B indicated to check her blood pressure daily for 7 days and fax the readings to office. The orders indicated, "Z pak".</p> <p>The December, 2015 and January, 2016 Medication Administration Records did not indicate Resident #B was administered Z-pak or that her blood pressure was taken daily for 7 days, as ordered.</p> <p>An interview was conducted with LPN #5 on 2/1/16 at 1:44 p.m. She indicated she was working at the facility on 1/1/16. She indicated the Z-pak was never administered to Resident #B, and never saw Z-pak for Resident #B in the medication cart.</p> <p>On 2/1/16 at 3:20 p.m., the DON (Director of Nursing) provided a copy of 7 days of blood pressure readings from 1/1/16 to 1/7/16 for Resident #B. It included readings for 4 of the 7 days. There were no readings for 1/1/16, 1/4/16, and 1/7/16.</p>		completed by 3-18-16.	

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	<p>An interview was conducted with the DON on 2/1/16 at 2:00 p.m. She indicated (name of Resident #B's physician) wrote the 12/31/15 order for Z-pak and daily blood pressures. She indicated, if the Z-pak was given, it should be on the MAR.</p> <p>The 1/5/16 Nurse Practitioner Progress Note for Resident #B indicated, "Patient seen in F/U (follow up) at (name of facility) for pneumonia....Feels that is not yet quite back to baseline respiratory status....Positive for congestion and rhinorrhea (condition where the nasal cavity is filled with a significant amount of mucous fluid)...Positive for cough (clear to white mucous)....Assessment: Pneumonia of right lower lobe due to infectious organism." The progress note indicated the order to take two 250 mg tablets of Z-pak on day 1, followed by one 250 mg tablet of Z-pak on days 2 through 5, was expired.</p> <p>The 1/8/16 Physician's Order for Resident #B indicated to administer Levaquin (antibiotic) daily for 7 days and for a chest x-ray to be completed.</p> <p>The 1/9/16 Radiology Report for Resident #B indicated, "Conclusion: Mild right lower lobe pneumonia,</p>			

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	<p>unchanged from 1/2/16."</p> <p>The 1/12/16 MD/NP progress note for Resident #B indicated for Resident #B to complete the full course of Levaquin.</p> <p>An interview was conducted with Resident #B on 2/2/16 at 3:50 p.m. Resident #B was in her wheel chair in her room. She indicated she was pretty sick a few weeks prior, with a cough, mucous, and stuff. She indicated she was in bed for a while, but was more up and about now.</p> <p>The Physician Orders policy was provided by the DON on 2/1/16 at 2:56 p.m. It indicated, "Time Limited Orders:</p> <ol style="list-style-type: none"> 1. Some medications or treatments are ordered for a limited time (e.g. an antibiotic might be prescribed for a period of ten days). When such an order is received from a Resident's physician, call or fax the order into the pharmacy. 2. Write the new order in the next available space on the Medication Sheet. If the order is a medication, include the name of the medication, strength, amount, route of administration, frequency, length of time it is to be given, reason for being taken, directions and the current date to show when the order was implemented. 3. Write the scheduled (when the medication or treatment should 			

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	<p>be given) times in the appropriate boxes.</p> <p>4. Line out and/or highlight the day and times the medication or treatment should not be given. 5. Follow items 4-8 in the New Order section of this manual." The New Orders section of the manual indicated, "4. Draw a line out to the date that the order is to start. 5. The order should be placed in the Wellness Director's mailbox for follow up folder to be verified and documentation of the new order entered into the Resident Service Notes. 6. When the Medication is received, it should be checked in like a cycle fill would be checked in. Verify that a current physician order for the medication is in the file. Verify that the medication delivered is the medication that was ordered by checking type of medication, dosage, route, times, Resident, frequency. Make sure the Medication administration Record (MAR) matches the order and the medication delivered label. Make sure the Wellness Director is aware of the med (medication) and follow any additional instructions he/she may have made for when the medication arrived (example: being present for the first dose of new medication to observe first hand for possible adverse reaction on trial medication). If all information is correct and verified, you can begin the medication following the established</p>			

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R 0349 Bldg. 00	<p>standards. 7. If he medication has not arrived from the pharmacy as scheduled, follow up should be made every shift by a phone call to the pharmacy to find status. 8. Multi-dose pre-packaged system: ..."</p> <p>This Residential tag relates to Complaint IN00191167.</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (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: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on interview and record review, the facility failed to ensure a resident's clinical record was complete, and also failed to maintain accurate documentation that a qualified medication aide (QMA) received authorization prior to administration of an as needed medication for 2 of 11 records reviewed. (Resident #F and Resident #S)</p> <p>Findings include:</p> <p>A.) The clinical record for Resident #F was reviewed on 2/1/16 at 12:55 p.m.</p>	R 0349	<p>What corrective action(s) will be accomplished for those residents who were found to have been affected by the deficient practice; The Clinical Record of resident #S was reviewed with no adverse actions noted. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents who receive medication administration and have a physicians order for a PRN medication have the potential to be affected by the deficient practice. All LPN's and QMA's will be re-educated that when</p>	03/18/2016

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	<p>The diagnoses for Resident #F included, but were not limited to, diabetes mellitus, hypothyroidism, and spinal cerebellar ataxia. Resident #F was admitted to the facility on 5/28/15.</p> <p>During the review of the clinical record the following were not located in the clinical record: Physician's Orders prior to 11/1/15, Nurse's Notes prior to 10/12/15, or Medication Administration Records prior to 11/1/15.</p> <p>During an interview with the Director of Nursing (DON), on 2/2/16 at 11:50 a.m., the DON indicated the facility was still looking for the rest of Resident #F's chart.</p> <p>At 1:48 p.m., on 2/2/16, LPN #3 indicated Resident #F had not had a hospital stay or discharge since her admit on 5/28/15.</p> <p>On 2/2/16 at 1:50 p.m., the Assisted Living Coordinator indicated the facility was not able to locate the missing documentation listed above.</p> <p>This Residential tag relates to Complaint #IN00191167.B.) The clinical record for Resident #S was reviewed on 2/2/16 at 3:00 p.m. The diagnoses for Resident #S included, but were not limited to:</p>		<p>authorization is obtained that QMA must ensure that the record is co-signed by the nurse who authorized the PRN either at the end of his/her shift or if on call by the end of the nurse's next tour of duty. What measures will be put into place or what systemicchanges the facility will make to ensure that the deficient practice does not recur; Following education, monthly audits will be conducted by DON or designee to ensure proper authorization is obtained prior to a QMA dispensing the medication. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; MAR's will be reviewed by DON or designee on a monthly basis By what date the systemic changes will be completed. Systemic changes will be completed by 3-18-16.</p>	

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	<p>diabetes mellitus.</p> <p>A physician order dated, 9/21/15, indicated a 500 milligram caplet of Acetaminophen was to be given once daily as needed for pain.</p> <p>The December Medication Administration Record (MAR) indicated on 12/8/15, a 500 milligram caplet of Acetaminophen was given by mouth to Resident #S as needed for pain by a QMA. There was no signature of nurse authorization.</p> <p>An interview was conducted with the Director of Nursing (DON) on 2/2/16 at 4:15 p.m. She indicated the QMA did receive authorization to give the prn medication, but the nurse did not sign the MAR after the approval.</p> <p>This Residential tag relates to Complaint #IN00191794.</p>			