

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155650	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/16/2014
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NAME OF PROVIDER OR SUPPLIER  LINCOLNSHIRE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8380 VIRGINIA ST MERRILLVILLE, IN 46410
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F000000	<p>This visit was for the Recertification and State Licensure Survey. .</p> <p>Survey dates: January 8, 9, 10, 13, 14, 15 and 16, 2014</p> <p>Facility Number: 000577 Provider Number: 155650 AIM Number: 100266950</p> <p>Survey Team: Heather Hite, RN,TC Jennifer Redlin, RN Caitlyn Doyle, RN</p> <p>Census Bed Type: SNF/NF: 67 Total: 67</p> <p>Census Payor Type: Medicare: 8 Medicaid: 51 Other: 8 Total: 67</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 19, 2014, by Janelyn Kulik, RN.</p>	F000000		

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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F000157 SS=D	<p>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).</p> <p>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.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to notify the physician as ordered for blood sugar readings outside the specified call parameters for 2 of 5 residents</p>	F000157	F157 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not	02/05/2014

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	<p>reviewed for unnecessary medications. (Residents #10 and #68)</p> <p>The findings include:</p> <p>1. The clinical record for Resident #10 was reviewed on 1/13/14 at 8:15 a.m. The resident's diagnoses included, but were not limited to, diabetes with neurologic manifestation type 2, hypertension and total impairment both eyes (blind).</p> <p>Review of current Physician Orders as of 1/13/14 included an order for "Accucheck before meals and bedtime. Notify MD (physician) if sugar below 60 or over 400."</p> <p>Review of the blood sugar log and the Medication Administration Records (MARs) from admission on 8/22/13 to present indicated blood sugar readings over 400 without documented physician notification for the following dates: 9/26/13 at 9:50 p.m. - 412 11/29/13 at 9:26p.m. - 437 1/2/14 at 12:19 p.m. - 411</p> <p>The resident's current care plan for diabetes mellitus included an intervention for blood glucose</p>		<p>constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1) Immediate actions taken for those residents identified: Physicians for Resident #10 and #68 were notified of blood sugar readings outside parameters. 2) How the facility identified other residents: Audit of all blood sugar readings since 12/1/13 was completed to identify any other residents affected and physicians were notified as appropriate. 3) Measures put into place/ System changes: Licensed staff will be re-educated regarding physician notification of blood sugars outside of parameters as ordered. Blood sugar results will be reviewed at least 2x/week to ensure compliance with physician notification. The Director of Nursing will be responsible for oversight. 4) How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance meeting monthly x3 months, then quarterly x1 for a total of 6 months. 5) Date of compliance: 2/5/14</p>		

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	<p>monitoring as ordered and PRN (as needed.)</p> <p>On 1/10/14 at 2:15 p.m., the Nurse Consultant indicated documentation regarding Physician notification of a blood sugar outside parameters would be found in the progress notes. No documentation was found in the progress notes to indicate the Physician was notified as ordered.</p> <p>In an interview with the B Wing Unit Manager (UM) on 1/13/14 at 9:40 a.m., indicated blood sugars results over 400 were recorded on the above dates and not called to the physician per orders. The UM further indicated the nurse checking the blood sugar result should have called the Physician as ordered.</p> <p>On 1/13/14 at 2:50 p.m., LPN #1 indicated if a resident had call parameters for a blood sugar, it will be in the orders and most blood sugar parameters will "pop up" in the computer when the blood sugar is charted</p> <p>2. The clinical record for Resident #68 was reviewed on 1/10/14 at 1:00 p.m. The resident's diagnoses included, but were not limited to,</p>				

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	<p>diabetes with neurologic manifestations, syncope &amp; collapse, muscle weakness, shortness of breath, renal failure, dementia without behaviors and hypertension.</p> <p>Review of current Physician Orders as of 1/10/14 included: - Blood sugar twice daily &amp; call MD (Physician) if blood sugar below 60 or over 250 - Observe for adverse medication side effects</p> <p>A review of the MARs for December 2013 and January 2014 indicated the following dates with blood sugar levels above 250: 12/17/13 at 5:00 p.m. - 278 1/9/14 at 5:00 p.m. - 288 Upon further review of the blood sugar log and MARs, the following dates had blood sugar results of over 250 recorded with no documentation of Physician notification: 9/4/13 at 9:40 p.m. - 257 9/5/13 at 7:20 p.m. - 263 9/7/13 at 5:30 p.m. - 333 9/13/13 at 4:50 p.m. - 269 9/15/13 at 4:20 p.m. - 305 9/18/13 at 5:30 p.m. - 271 9/19/13 at 5:20 p.m. - 299 9/21/13 at 6:00 p.m. - 274 10/2/13 at 9:30 p.m. - 277</p>				

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	<p>10/3/13 at 9:40 p.m.- 261 10/19/13 at 7:00 p.m. - 270 11/5/13 at 5:00 p.m. - 278 11/13/13 at 9:00 p.m. - 257</p> <p>On 1/10/14 at 2:15 p.m., the Nurse Consultant indicated documentation regarding Physician notification of a blood sugar outside parameters would be found in the progress notes.</p> <p>No documentation was found in the progress notes to indicate the Physician was notified as ordered.</p> <p>During an interview with the B Wing UM (Unit Manager) on 1/10/14 at 2:30 p.m., she indicated no documentation was found regarding Physician notification of blood sugar values above 250 for the above dates. She also indicated the nurse should have notified the Physician per orders.</p> <p>On 1/13/14 at 2:50 p.m., LPN #1 indicated if a resident had call parameters for a blood sugar, it will be in the orders and most blood sugar parameters will "pop up" in the computer when the blood sugar is charted.</p> <p>3.1-5(2)</p>				

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F000279 SS=D	<p><b>3.1-5(3)</b></p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to develop a care plan, related to dental care for 1 of 29 residents reviewed for care plans. (Resident #74)</p> <p>Findings include:</p>	F000279	F279 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the	02/05/2014

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	<p>Interview with Resident #74 on 1/9/14 at 10:45 a.m., indicated he had sensitive teeth and it bothered him to drink any cold fluids.</p> <p>Resident #74's record was reviewed on 1/14/14 at 10:52 a.m. Review of the Oral/Dental Evaluation, completed 10/2/13, indicated the resident had broken and missing teeth.</p> <p>Review of notes from a dental appointment on 11/7/13, indicated the resident requested and the doctor recommended extraction for fitting of dentures. The resident had severe periodontal disease and the "teeth are hopeless". The oral examination indicated poor oral hygiene, and inflamed gum tissue.</p> <p>The Annual Minimum Data Set (MDS) Assessment dated 11/12/13, indicated the resident was cognitively intact and diagnoses included, but were not limited to, atrial fibrillation, coronary heart disease, hypertension, hemiplegia, and anxiety.</p> <p>The Oral/Dental Status section of the MDS Assessment indicated Resident #74 had inflamed or</p>		<p>statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1) Immediate actions taken for those residents identified: Dental care plan for Resident #74 was written on 1/14/14. 2) How the facility identified other residents: CAA trigger report was reviewed for all MDS completed in the last 6 months to identify any other residents triggering dental concerns and to ensure care plans were in place as indicated. 3) Measures put into place/ System changes: Licensed Staff will be educated regarding care plan development for identified oral/dental concerns. CAA trigger report will be reviewed weekly as indicated for Initial, Annual or Significant change MDS's completed to ensure care plans are developed for triggered areas as identified. The MDS Coordinator is responsible for oversight. 4) How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance meeting monthly x3 months, then quarterly x1 for a total of 6 months. 5) Date of compliance: 2/5/14</p>				

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	<p>bleeding gums or loose natural teeth.</p> <p>The Care Area Assessment (CAA) triggers summary of the MDS indicated dental care was a new CAA type and was triggered. The CAA also indicated dental care was to be addressed in a care plan. The triggering conditions were any dental problem as indicated by: Inflamed or bleeding gums or loose natural teeth.</p> <p>The resident's record lacked documentation of a dental care plan.</p> <p>Interview with the MDS Coordinator on 1/14/14 at 1:45 p.m., indicated she did not do a dental care plan with the last MDS and that one should have been completed.</p> <p>Interview with B Wing Unit Manager on 1/14/14 at 3:44 p.m., indicated she was unaware the resident had sensitivity with cold fluids. Further interview indicated the resident should have had a dental care plan in place for his ongoing dental issues.</p> <p>3.1-35(a) 3.1-35(b)(1)</p>				

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <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 physician's orders and/ or the plan of care were followed as written related to notifying the physician for blood sugar readings outside the specified call parameters for 2 of 5 residents reviewed for unnecessary medications and for incorrect blood pressure monitoring for 1 of 29 residents reviewed in a sample of 29. (Residents #10, #68, and #66)</p> <p>The findings include:</p> <p>1. The clinical record for Resident #10 was reviewed on 1/13/14 at 8:15 a.m. The resident's diagnoses included, but were not limited to, diabetes with neurologic</p>	F000282	<p>F282 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1) Immediate actions taken for those residents identified: Physicians for Resident #10, #66 and #68 were notified. 2) How the facility identified other residents: Audit of all blood sugar readings since 12/1/13 was completed to identify any other residents affected and physicians were notified as</p>	02/05/2014			

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	<p>manifestation type 2, hypertension and total impairment both eyes (blind).</p> <p>Review of current Physician Orders as of 1/13/14 included an order for "Accucheck before meals &amp; at bedtime. Notify MD if sugar below 60 or over 400."</p> <p>Current Medication orders included: - Lantus insulin 50u SQ at HS (bedtime) - Novolog insulin 20u SQ TID (3 times a day) - Januvia 100mg 1 tablet PO (by mouth) QD (daily) for diabetes</p> <p>Review of the blood sugar log and the Medication Administration Records (MARs) from admission on 8/22/13 to present indicated blood sugar readings over 400 without documented physician notification for the following dates: 9/26/13 at 9:50 p.m. - 412 11/29/13 at 9:26p.m. - 437 1/2/14 at 12:19 p.m. - 411 No blood sugar result was recorded for 1/2/14 before breakfast.</p> <p>The resident's current care plan for diabetes mellitus included an intervention for blood glucose monitoring as ordered and PRN (as</p>		<p>appropriate. Audit of blood pressure readings was completed for all residents with blood pressure restrictions related to mastectomy, dialysis fistula or midline catheter insertion. 3) Measures put into place/ System changes: Licensed staff and QMA's will be educated regarding blood pressure restrictions for residents with dialysis fistula, mastectomy or midline catheter insertion. Blood pressure readings will be reviewed on residents with restrictions at least weekly to ensure blood pressures are taken and documented appropriately. Blood sugar results will be reviewed at least 2x/week to ensure compliance with Monitoring and physician notification. The Director of Nursing is responsible for oversight. 4) How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 months, then quarterly x1 for a total of 6 months. 5) Date of compliance: 2/5/14</p>				

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	<p>needed.)</p> <p>On 1/10/14 at 2:15 p.m., the Nurse Consultant indicated documentation regarding Physician notification of a blood sugar outside parameters would be found in the progress notes. No documentation was found in the progress notes to indicate the Physician was notified as ordered.</p> <p>In an interview with the B Wing Unit Manager (UM) on 1/13/14 at 9:40 a.m., she indicated no blood sugar check was recorded for 1/2/14 before breakfast. She also indicated blood sugars results over 400 were recorded on the above dates and not called to the Physician per orders. The UM further indicated the nurse checking the blood sugar result should have called the Physician as ordered.</p> <p>On 1/13/14 at 2:50 p.m., LPN #1 indicated if a resident had call parameters for a blood sugar, it will be in the orders and most blood sugar parameters will "pop up" in the computer when the blood sugar is charted</p> <p>2. The clinical record for Resident #68 was reviewed on 1/10/14 at</p>				

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	<p>1:00 p.m. The resident's diagnoses included, but were not limited to, diabetes with neurologic manifestations, syncope &amp; collapse, muscle weakness, shortness of breath, renal failure, dementia without behaviors and hypertension.</p> <p>Review of current Physician Orders as of 1/10/14 included:</p> <ul style="list-style-type: none"> <li>- Blood sugar twice daily &amp; call MD (Physician) if blood sugar below 60 or over 250</li> <li>- Observe for adverse medication side effects</li> <li>- Novolin R insulin 9u SQ with breakfast &amp; 14u SQ before supper</li> <li>- Lantus insulin 40u SQ HS</li> </ul> <p>A review of the MARs for December 2013 and January 2014 indicated the following dates with blood sugar levels above 250:</p> <p>12/17/13 at 5:00 p.m. - 278 1/9/14 at 5:00 p.m. - 288</p> <p>Upon further review of the blood sugar log and MARs, the following dates had blood sugar results of over 250 recorded with no documentation of Physician notification:</p> <p>9/4/13 at 9:40 p.m. - 257 9/5/13 at 7:20 p.m. - 263 9/7/13 at 5:30 p.m. - 333 9/13/13 at 4:50 p.m. - 269</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155650	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/16/2014
NAME OF PROVIDER OR SUPPLIER  LINCOLNSHIRE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8380 VIRGINIA ST MERRILLVILLE, IN 46410		
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	<p>9/15/13 at 4:20 p.m. - 305 9/18/13 at 5:30 p.m. - 271 9/19/13 at 5:20 p.m. - 299 9/21/13 at 6:00 p.m. - 274 10/2/13 at 9:30 p.m. - 277 10/3/13 at 9:40 p.m.- 261 10/19/13 at 7:00 p.m. - 270 11/5/13 at 5:00 p.m. - 278 11/13/13 at 9:00 p.m. - 257</p> <p>On 1/10/14 at 2:15 p.m., the Nurse Consultant indicated documentation regarding Physician notification of a blood sugar outside parameters would be found in the progress notes.</p> <p>No documentation was found in the progress notes to indicate the Physician was notified as ordered.</p> <p>During an interview with the B Wing Unit Manager on 1/10/14 at 2:30 p.m., she indicated no documentation was found regarding Physician notification of blood sugar values above 250 for the above dates. She also indicated the nurse should have notified the physician per orders.</p> <p>On 1/13/14 at 2:50 p.m., LPN #1 indicated if a resident had call parameters for a blood sugar, it will be in the orders and most blood</p>				

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	<p>sugar parameters will "pop up" in the computer when the blood sugar is charted.</p> <p>3. The clinical record for Resident #66 was reviewed on 1/13/14 at 10:50 a.m. The resident's diagnoses included, but were not limited to, hemiplegia related to stroke, chronic airway obstruction, aphasia related to stroke, gastrostomy, pressure ulcer lower back, kidney transplant, endocarditis, and hypertension.</p> <p>Review of current Physician Orders included:</p> <ul style="list-style-type: none"> <li>- Blood pressure weekly - No BP (blood pressure) R (right) arm</li> <li>- Check Right arm AV graft for bruit &amp; thrill</li> <li>- Lopressor 100mg via PEG tube BID for high BP - hold if systolic BP &lt; 100</li> <li>- Hydralazine 50mg via PEG tube BID for high BP</li> </ul> <p>A review of the blood pressure log indicated blood pressures for Resident #66 were being done every shift and charted as obtained from the right arm on the following dates: 9/30/13, 10/2/13, 10/9/13, 10/17/13, 10/20/13, 10/22 - 10/23/13, 10/25/13, 10/27/13, 10/28/13, 10/30</p>						

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	<p>- 10/31/13 &amp; daily from 11/4 - 11/29/13, 12/1- 12/7/13, 12/9 - 12/12/13, 12/15 - 12/16/13, 12/18 - 12/20/13, 12/23/13, 12/25/13, 12/28 - 12/31/13, 1/7 - 1/13/14.</p> <p>Resident #66's current care plan for hypertension related to kidney transplant and chronic kidney disease included the following interventions:</p> <ol style="list-style-type: none"> <li>1) Give anti-hypertensive medication as ordered</li> <li>2) No blood pressures in right arm</li> </ol> <p>On 1/13/14 at 2:15 p.m., the B Wing Unit Manager indicated the physician's order for "No BP R arm" is current. She also indicated blood pressures were charted as obtained from the right arm on the above listed dates and should not have been. She indicated the nursing staff should still only be using the left arm as per the physician's order.</p> <p>On 1/13/14 at 2:45 p.m., CNA #1 indicated the nurses do all vital sign checks including blood pressures.</p> <p>On 1/13/14 at 2:50 p.m., LPN #1 indicated if a resident had any restrictions regarding blood pressures it will be in the orders . She indicated she was aware of</p>				

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	<p>restrictions for blood pressures in left arm only for Resident #66. "We can't use his right arm for blood pressures because his old dialysis access is on that side." She further indicated nurses do all vitals and should check the orders every shift before any resident care.</p> <p>On 1/13/14 at 2:55 p.m., RN #1, who was the nurse on duty that evening for Resident's #66's room on A Wing Hall C, indicated call parameters for things like blood sugars and blood pressure medications come up in the computer. The RN indicated if a resident had a restriction on which arm for blood pressures, it would be in the orders. It was further indicated there were no current restrictions for blood pressure, "All of the dialysis residents on this hall have ports &amp; there are no BP restrictions on this hall." She also indicated she frequently worked on A Wing Hall C.</p> <p>3.1-35(g)(2)</p>				

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F000329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review, the facility failed to monitor blood sugars and notify the physician as ordered for blood sugar readings outside the specified call parameters for 2 of 5 residents reviewed for unnecessary medications. (Residents #10 and</p>	F000329	<p>F329 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the</p>	02/05/2014

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	<p><b>#68)</b></p> <p>The findings include:</p> <p>1. The clinical record for Resident #10 was reviewed on 1/13/14 at 8:15 a.m. The resident's diagnoses included, but were not limited to, diabetes with neurologic manifestation type 2, hypertension and total impairment both eyes (blind).</p> <p>Review of current Physician Orders as of 1/13/14 included an order for "Accucheck before meals and bedtime. Notify MD (physician) if sugar below 60 or over 400."</p> <p>Current Medication orders included:</p> <ul style="list-style-type: none"> <li>- Lantus insulin 50u SQ at HS (bedtime)</li> <li>- Novolog insulin 20u SQ TID (3 times a day)</li> <li>- Januvia 100mg 1 tablet PO (by mouth) QD (daily) for diabetes</li> </ul> <p>Review of the blood sugar log and the Medication Administration Records (MARs) from admission on 8/22/13 to present indicated blood sugar readings over 400 without documented Physician notification for the following dates: 9/26/13 at 9:50 p.m. - 412</p>		<p>statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1) Immediate actions taken for those residents identified: Physicians for Resident #10 and #68 were notified of blood sugar readings outside parameters. 2) How the facility identified other residents: Audit of all blood sugar readings since 12/1/13 was completed to identify any other residents affected and physicians were notified as appropriate. 3) Measures put into place/ System changes: Licensed staff will be re-educated regarding blood sugar monitoring and physician notification of blood sugars outside of parameters as ordered. Blood sugar results will be reviewed at least 2x/week to ensure compliance with monitoring and physician notification. The Director of Nursing will be responsible for oversight. 4) How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance meeting monthly x3 months, then quarterly x1 for a total of 6 months. 5) Date of compliance: 2/5/14</p>				

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	<p>11/29/13 at 9:26p.m. - 437 1/2/14 at 12:19 p.m. - 411 No blood sugar result was recorded for 1/2/14 before breakfast.</p> <p>The resident's current care plan for diabetes mellitus included an intervention for blood glucose monitoring as ordered and PRN (as needed.)</p> <p>On 1/10/14 at 2:15 p.m., the Nurse Consultant indicated documentation regarding Physician notification of a blood sugar outside parameters would be found in the progress notes. No documentation was found in the progress notes to indicate the Physician was notified as ordered.</p> <p>In an interview with the B Wing Unit Manager (UM) on 1/13/14 at 9:40 a.m., she indicated no blood sugar check was recorded for 1/2/14 before breakfast. She also indicated blood sugars results over 400 were recorded on the above dates and not called to the physician per orders. The UM further indicated the nurse checking the blood sugar result should have called the Physician as ordered.</p> <p>On 1/13/14 at 2:50 p.m., LPN #1 indicated if a resident had call</p>				

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	<p>parameters for a blood sugar, it will be in the orders and most blood sugar parameters will "pop up" in the computer when the blood sugar is charted</p> <p>2. The clinical record for Resident #68 was reviewed on 1/10/14 at 1:00 p.m. The resident's diagnoses included, but were not limited to, diabetes with neurologic manifestations, syncope &amp; collapse, muscle weakness, shortness of breath, renal failure, dementia without behaviors and hypertension.</p> <p>Review of current Physician Orders as of 1/10/14 included:</p> <ul style="list-style-type: none"> <li>- Blood sugar twice daily &amp; call MD (Physician) if blood sugar below 60 or over 250</li> <li>- Observe for adverse medication side effects</li> <li>- Novolin R insulin 9u SQ with breakfast &amp; 14u SQ before supper</li> <li>- Lantus insulin 40u SQ HS</li> </ul> <p>A review of the MARs for December 2013 and January 2014 indicated the following dates with blood sugar levels above 250:</p> <p>12/17/13 at 5:00 p.m. - 278 1/9/14 at 5:00 p.m. - 288</p> <p>Upon further review of the blood sugar log and MARs, the following</p>						

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	<p>dates had blood sugar results of over 250 recorded with no documentation of Physician notification:</p> <p>9/4/13 at 9:40 p.m. - 257 9/5/13 at 7:20 p.m. - 263 9/7/13 at 5:30 p.m. - 333 9/13/13 at 4:50 p.m. - 269 9/15/13 at 4:20 p.m. - 305 9/18/13 at 5:30 p.m. - 271 9/19/13 at 5:20 p.m. - 299 9/21/13 at 6:00 p.m. - 274 10/2/13 at 9:30 p.m. - 277 10/3/13 at 9:40 p.m.- 261 10/19/13 at 7:00 p.m. - 270 11/5/13 at 5:00 p.m. - 278 11/13/13 at 9:00 p.m. - 257</p> <p>On 1/10/14 at 2:15 p.m., the Nurse Consultant indicated documentation regarding Physician notification of a blood sugar outside parameters would be found in the progress notes.</p> <p>No documentation was found in the progress notes to indicate the Physician was notified as ordered.</p> <p>During an interview with the B Wing Unit Manager on 1/10/14 at 2:30 p.m., she indicated no documentation was found regarding Physician notification of blood sugar values above 250 for the above</p>			

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F000428 SS=D	<p>dates. She also indicated the nurse should have notified the Physician per orders.</p> <p>On 1/13/14 at 2:50 p.m., LPN #1 indicated if a resident had call parameters for a blood sugar, it will be in the orders and most blood sugar parameters will "pop up" in the computer when the blood sugar is charted.</p> <p>3.1-48(a)(3)</p> <p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>Based on record review and interview, the facility failed to ensure pharmacy recommendations were acted upon timely for 3 of 5 residents reviewed for unnecessary medications. (Residents #39, #43 and #49)</p> <p>Findings include:</p>	F000428	F428 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared	02/05/2014

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	<p>1. Resident # 39's record was reviewed on 1/10/14 at 10:30 a.m. The resident's diagnoses included, but were not limited to, hypertension, congestive heart failure, diabetes, and acute venous embolism and thrombosis of deep veins of upper extremity (blood clot).</p> <p>Review of a pharmacy recommendation issued on 10/24/13, indicated "...Resident has diagnoses of diabetes, hypertension and has congestive heart failure but does not take an ACE-inhibitor (medication used to treat heart failure). Please consider initiating Lisinopril (a medication used to treat heart failure) 2.5 mg (milligrams) daily..."</p> <p>The pharmacy recommendation was sent to the doctor on 12/5/13, 42 days after the recommendation was received by the facility. The doctor responded with an order dated 12/5/13, for Lisinopril 5 mg one time a day for hypertension.</p> <p>Review of a pharmacy recommendation issued on 10/24/13, indicated "...Resident has diabetes, does not take antiplatelet therapy, and does not appear to have contraindications to such</p>		<p>and/or executed solely because it is required by the provisions of federal and state law. 1) Immediate actions taken for those residents identified: Pharmacy recommendations were completed for Residents #39, #43 and #49. 2) How the facility identified other residents: Audit of pharmacy recommendations received in the last 90 days was completed to ensure recommendations have been completed timely. 3) Measures put into place/ System changes: Licensed staff will be educated regarding timely completion of pharmacy recommendations. Pharmacy recommendations will be reviewed weekly to ensure physicians are notified of recommendations and response is received timely. The Director of Nursing is responsible for oversight. 4) How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 months, then quarterly x1 for a total of 6 months. 5) Date of compliance: 2/5/14</p>				

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	<p>therapy. She has a diagnosis of "Acute venous embolism and thrombosis of deep veins of upper extremity". Please consider initiating aspirin 81 mg daily..."</p> <p>A telephone order dated 12/5/13, 42 days after the recommendation was received by the facility, indicated to administer Aspirin tablet 81 mg one time a day.</p> <p>Interview with the Director of Nursing (DoN) on 1/14/14 at 1:35 p.m., indicated pharmacy recommendations were to be acted upon by the next month after they were received from the pharmacy.</p> <p>2. Resident #43's record was reviewed on 1/10/14 at 2:45 p.m. The resident's diagnoses included, but were not limited to, diabetes type II, hypothyroidism, and congestive heart failure.</p> <p>Review of the Medication Administration Record (MAR) for 12/2013 and 1/2014, indicated an order for Simvastatin (a cholesterol lowering medication) 10 mg (milligrams) at bedtime daily. The 12/2013 and 1/2014 MAR indicated the resident had received the Simvastatin medication daily.</p>				

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	<p>A Pharmacy Recommendation, dated 10/10/13, indicated, "...Resident #43 receives Simvastatin 10 mg daily and had a recent LDL (cholesterol level) of 44 on 9/10/13. Please consider re-evaluating continued use of Simvastatin, perhaps discontinuing Simvastatin due to LDL is at goal..."</p> <p>There was a lack of documentation the Physician had been notified of the Pharmacy Recommendation and the Recommendation had been acted upon prior to 1/15/14, which was 97 days after the Pharmacy had made the recommendation.</p> <p>A Pharmacy Recommendation, dated 11/14/13, a repeated recommendation from 4/29/13, indicated, "...Resident #43 has a diagnosis of heart failure, but does not take an ACE-inhibitor (medication used to treat heart failure). Please consider initiating Lisinopril (a medication used to treat heart failure) 2.5 mg daily..."</p> <p>There was a lack of documentation the Physician had been notified of the Pharmacy Recommendation and the Recommendation had been acted upon prior to 1/16/14, which</p>				

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	<p>was 262 days after the Pharmacy had made the original recommendation, and 63 days after the Pharmacy had made the repeated recommendation.</p> <p>During an interview on 1/14/14 at 1:46 p.m., the DoN (Director of Nursing) indicated the facility had recently sent out all Pharmacy Recommendations to Physicians because they found out they had not all been previously sent out. She indicated she would expect Pharmacy Recommendations to be acted upon by the next month after they were received from the Pharmacy.</p> <p>3. Resident #49's record was reviewed on 1/10/14 at 2:30 p.m. The resident's diagnoses included but were not limited to, diabetes type II, hypothyroidism, and hypertension.</p> <p>Review of the Medication Administration Record (MAR) for 12/2013 and 1/2014, indicated an order for Simvastatin 20 mg at bedtime daily. The 12/2013 and 1/2014 MAR indicated the resident had received the Simvastatin medication daily.</p>			

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	<p>A Pharmacy Recommendation, dated 8/28/13, indicated, "...Please consider monitoring a fasting lipid panel on the next convenient lab day and annually thereafter..."</p> <p>There was a lack of documentation the Physician had been notified of the Pharmacy Recommendation and the Recommendation had been acted upon prior to 1/14/14, which was 139 days after the Pharmacy had made the recommendation.</p> <p>A Pharmacy Recommendation, dated 6/29/13, indicated, "...Resident #49 takes thyroid replacement therapy, but a recent TSH (lab test to monitor thyroid function) concentration is not available in the resident record. Please consider monitoring a serum TSH concentration on the next convenient lab day and then annually..."</p> <p>The Physicain checked the box marked "accept the recommendation above, please implement as written" and was signed by the Physician on 8/6/13.</p> <p>A Pharmacy Recommendation, dated 9/30/13, a repeated recommendation from 6/29/13,</p>			

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	<p>indicated, "...Resident #49 takes thyroid replacement therapy, but a recent TSH concentration is not available in the resident record. Please consider monitoring a serum TSH concentration on the next convenient lab day and then annually..."</p> <p>There was lack of documentation in the resident's record to indicate a TSH level was completed prior to 10/22/13, which was 115 days after the initial Pharmacy Recommendation, 77 days after the Physician signed the initial recommendation and 22 days after the Pharmacy made the repeated recommendation.</p> <p>During an interview on 1/14/14 at 3:16 p.m., the DoN indicated the Pharmacy Recommendations had not been followed through with timely.</p> <p>A policy titled Medication Regimen Review dated 12/1/07, was provided by the Corporate Consultant Nurse on 1/15/14 at 3:50 p.m. She indicated the policy was current. The policy indicated: "6. Facility should ensure that Facility Physicians/Prescribers are provided with copies of the MRRs</p>						

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F009999	<p>(Medication Regimen Review)." "7. Facility should encourage Physician/Prescriber or other Responsible Parties receiving the MRR and the Director of Nursing to act upon the recommendations contained in the MRR. For those issues that require Physician/Prescriber intervention. Facility should encourage Physician/Prescriber to either (a) accept and act upon the recommendations contained within the MRR, or (b) reject all or some of the recommendations contained in the MRR and provide an explanation as to why recommendation was rejected."  3.1-25(i)</p> <p>3.1-14 PERSONNEL  In addition to the required inservice hours in subsection (I), staff who have regular contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months of initial employment, or within thirty (30)</p>	F009999	<p>F9999 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared</p>	02/05/2014

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	<p>days for personnel assigned to the Alzheimer's and dementia special care unit, and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents and to gain understanding of the current standards of care for residents with dementia.</p> <p>This State rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure facility staff received six and three hours of dementia - specific training annually for 3 out of 10 employees whose records were reviewed for 2013 - 2014. (CNA #2, LPN #2, and Dietary #1)</p> <p>Online course completion records provided by HR on 1/13/14 were reviewed. Based on a list of acceptable online training courses provided by the Nurse Consultant on 1/14/13 at 4:00 p.m., the course records indicate employees CNA #2, LPN #2, and Dietary #1 who had worked longer than six months had not completed the full 6 hours of dementia training. The remaining seven employees whose records were reviewed had not yet reached</p>		<p>and/or executed solely because it is required by the provisions of federal and state law. 1) Immediate actions taken for those residents identified: Identified personnel (CNA#2, LPN#2, Dietary#1) will, in addition to completed online training course(s), complete additional dementia-specific training to meet the minimum six (6) hour training requirement. The additional training material is a video training series endorsed by the National Institute on Aging© and the Alzheimer's Association©. 2) How the facility identified other residents: Identified remaining seven (7) personnel will complete the minimum six (6) hour dementia-specific training requirement prior to each employee's six (6) month date of initial employment. Administrator (or designee) will audit all employee files, hired since July 1st 2013, to determine if any other employees have the potential to be affected by this alleged deficient practice. 3) Measures put into place/ System changes: Revisions to online educational course catalog to include courses that will meet the total minimum six (6) hour dementia-specific training requirement are being implemented by Administrator, in conjunction with corporate educational personnel. Once implemented, these online educational courses will be</p>		

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	<p>the six month deadline for completion. The Nurse Consultant indicated she would have to clarify with corporate which courses will be added to ensure all required training hours were completed in the future.</p> <p>On 1/14/13 at 11:30 a.m., the Administrator indicated he would look into why the required number of dementia training hours had not been completed.</p> <p>In an interview with HR on 1/14/14 at 11:45 a.m., she indicated, "That's all I have. I was told these were the courses the employees were to complete. We do all our training courses online per corporate."</p> <p>3.1-14(u)</p>		<p>sufficient in information and quantity to adhere to minimum six (6) hour dementia-specific training requirement. Until implemented, the current online course training in conjunction with the aforementioned video training series will be utilized to complete the minimum six (6) hour dementia-specific training requirement. Administrator (or designee) will audit all new employee files monthly to ensure that the minimum six (6) hour dementia-specific training requirement has been met. 4) How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 months, then quarterly x1 for a total of 6 months. 5) Date of compliance: 2/5/14</p>		