

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155383	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/12/2015
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NAME OF PROVIDER OR SUPPLIER WASHINGTON HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8201 W WASHINGTON ST INDIANAPOLIS, IN 46231
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00174848.</p> <p>This visit was in conjunction with a Recertification and State Licensure Survey.</p> <p>Complaint IN00174848 - Substantiated. Federal/State deficiencies related to the allegation(s) are cited at F514.</p> <p>Survey dates: June 7, 8, 9, 10, 11, & 12, 2015</p> <p>Facility number: 000393 Provider number: 155383 AIM number: 100289340</p> <p>Census bed type: SNF: 0 SNF/NF: 85 Total: 85</p> <p>Census payor type: Medicare: 12 Medicaid: 51 Other: 22 Total: 85</p> <p>Sample: 3</p>	F 0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review or Post Survey Review on or after 07/9/15.	

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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F 0514 SS=D Bldg. 00	<p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure documentation of medication administration for 1 of 20 residents' records reviewed for accuracy of documentation Resident C).</p> <p>Findings include:</p>	F 0514	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Nurse # 3 corrected documentation of medication given.</p> <p>How will other residents having the potential to be affected by the same deficient practice be</p>	07/09/2015

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	<p>The Resident C's record was reviewed on 6/10/15 at 9:29 a.m. The physician order, dated 5/21/15, indicated Resident C was to take Lasix (diuretic) 20 milligrams (mg) tablet by mouth once a day for 3 days.</p> <p>The Medication Administration Record for Resident C, dated May 2015, indicated the resident did not receive a scheduled dose of Lasix (diuretic) 20 mg orally on 5/21/15.</p> <p>On 6/12/15 at 11:00 a.m., the administrator provided a form titled, "The Employee Coaching & Counseling," dated 6/12/15. The form indicated Registered Nurse (RN) #3 had received education on documenting a dose of medication in the computer system after the set administration time. The form indicated RN #3 had not documented a medication dose given to a resident on 5/21/15.</p> <p>A note from Registered Nurse (RN) #3 provided with the Employee Coaching & Counseling, dated 6/12/15, indicated on 5/21/15 she received an order for Resident C for Lasix 20 mg tablet to be given orally once a day for 3 days, and had initiated the first dose immediately.</p>		<p>identified and what corrective action will be taken?All residents have the potential to be affected by the alleged deficient practice. All nursing staff will be educated on proper documentation of medicines administered by 7/9/15.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur MAR/TAR audit will be completed. All nursing staff will be educated on proper documentation of medicines administered by 7/9/15.</p> <p>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 To ensure compliance, the DNS/Designee is responsible for auditing of MAR/TAR daily for one week, weekly times 4 weeks and monthly for six months. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>	

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	<p>During an interview on 6/12/15 at 11:00 a.m., the Administrator indicated RN #3 had given the resident's dose of Lasix on 5/21/15, but did not document the dose was given. She indicated the RN had received education regarding the issue.</p> <p>On 6/12/15 at 2:22 p.m., the Administrator indicated there was no specific policy for documenting medication administration, and indicated medications were to be given as ordered by the physician.</p> <p>This Federal tag relates to complaint IN00174848.</p> <p>3.1-50(a)(2)</p>				