

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155077	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/10/2016
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 45 BEACHWAY DR INDIANAPOLIS, IN 46224
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00190839 completed on January 13, 2016.</p> <p>This visit was done in conjunction with the PSR to the Recertification and State Licensure Survey completed on January 13, 2016.</p> <p>This visit was in conjunction with the Investigation of Compliant IN00194376.</p> <p>Complaint IN00190839 - Not Corrected.</p> <p>Survey Dates: March 8, 9, & 10, 2016</p> <p>Facility number: 000032 Provider number: 155077 AIM number: 100273330</p> <p>Census bed type: SNF: 15 SNF/NF: 85 Total: 100</p> <p>Census payor type: Medicare: 11 Medicaid: 63 Other: 26</p>	F 0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted as a requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	

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 0309 SS=G Bldg. 00	<p>Total: 100</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 3/14/16 by 29479.</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 interview, and record review the facility failed to ensure pain medication was available and administered timely to a resident who experienced pain resulting in the resident reporting a night of intense pain for 1 of 3 residents reviewed for quality of care related to pain management (Resident C).</p> <p>Finding includes:</p> <p>Resident C's record was reviewed on</p>	F 0309	<p>1. Resident C was affected. Resident C was assessed for pain. Resident c was noted to have pain. Her pain medication was taken from the EDK as ordered after pharmacy approval. The nurse was re-educated on timely utilization of the EDK for medications ordered and not yet available. 2. All residents have the potential to be affected. All CNA's will be educated on reporting any resident complaints of pain to the nurse. All nurses will be educated on pain</p>	03/22/2016	

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	<p>3/8/16 at 12:52 p.m. Resident C had diagnoses which included, but were not limited to, chronic obstructive pulmonary disease, coronary artery disease, congestive heart failure, hyperlipidemia, atrial fibrillation, type 2 diabetes, neuropathy, left above the knee amputation, right below the knee amputation, asthma, status post coronary artery bypass graft.</p> <p>An admission assessment note, dated 2/27/16 at 5:45 p.m., indicated Resident C was alert and oriented. The note further indicated she was experiencing phantom pain to her right stump and the physician had ordered narcotic pain medication.</p> <p>Physician's orders, dated 2/27/16, included, but were not limited to oxycodone (narcotic pain medication) 5/325 mg (milligrams) two tablets as needed for neuropathic pain up to four times daily.</p> <p>Resident C's Medication Administration Record (MAR), dated February 2016, lacked indication oxycodone 5/325 mg, was administered on 2/27/16.</p> <p>The Emergency Drug Kit (EDK) record did not indicate oxycodone had been removed from the kit for administration</p>		<p>assessment, treatment, and documentation. 3. As a measure for ongoing compliance each resident will be monitored for pain every shift, which will be noted on the MAR. Should pain be noted, treatment will be provided as ordered and the physician and responsible party will be notified as indicated. The DON or designee will review MARs daily on regularly scheduled days to ensure pain is assessed and addressed as ordered. 4. As a measure of quality assurance the DON or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised, as warranted.</p>	

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	<p>to Resident C until 2/28/16 at 2:30 a.m.</p> <p>During an interview on 3/8/16 at 1:20 p.m., LPN (Licensed Practical Nurse) #4 indicated she was the nurse on day shift for Resident C on 2/28/16. She indicated Resident C's medication had not been delivered so she called the pharmacy and they advised her to pull what she could from the EDK (Emergency Drug Kit). She indicated she removed pain medication from the kit and administered it.</p> <p>During an interview on 3/9/16 at 10:15 a.m., Resident C indicated she had not received any of her pain medication on 2/27/16. Resident C then became tearful and stated, "That first night was h---!" Resident C indicated she was in "intense" pain and had requested pain medication for the pain in her right knee stump. She indicated she admitted at 5:45 p.m. and didn't see a nurse until 8:00 p.m., at which time she requested her pain medication. She indicated it was not given to her. She indicated she asked again at 10:00 p.m. and the nurse told her she would have to get an order to remove it from the Emergency Drug Kit (EDK). Resident C indicated she did not receive the pain medication until 2:50 a.m. Resident C indicated she had received pain medication at the hospital at 5 p.m.</p>			

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	<p>prior to being discharged on 2/27/17. She indicated the pain in her right below the knee amputation was very intense that night because of the transfer. She rated it at a 9/10 on a scale of 1-10. She indicated the pain then became unbearable because she went so long without pain medication.</p> <p>A nurse's note, dated 2/27/16 at 5:45 p.m., indicated Resident C was in pain and pain medication was administered.</p> <p>During an interview on 3/9/16 at 10:40 a.m., the Nurse Consultant indicated the clinical record should include an explanation when a prescribed medication was not given and indicated the medication prescribed for Resident C's pain was available from the EDK and should have been retrieved from the EDK.</p> <p>During an interview on 3/9/16 at 11:18 a.m., Unit Manager # 1 indicated documentation indicated Resident C was administered 2 oxycodone 5/325 mg tablets on 2/28/16 at 2:30 a.m. from the EDK.</p> <p>During an interview on 3/9/16 at 11:30 a.m., the DON (Director of Nursing) indicated she called LPN #3 to clarify her charting for 2/27/16. She indicated LPN</p>			

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	<p>#3 entered the nurse's note at the end of her shift on 2/28/16, and had not administered Resident C pain medication at 5:45 p.m., as indicated in the nurse's note. She indicated the pain medication was not administered until 2:30 a.m. on 2/28/16.</p> <p>A current policy, titled "PAIN MANAGEMENT" received from the Administrator on 3/10/16 at 9:00 a.m. The policy indicated, "...PURPOSE: To identify those residents who utilize routine medications for pain or who utilize frequent PRN pain medications in an effort to ensure pain control is achieved.</p> <p>Policy: Upon admission each resident shall be assessed for presence of complaint of pain and/or lack of pain relief following currently ordered pain medication administration. If ineffective relief is noted, a Pain Assessment shall be completed in an effort to assess location frequency, etc., and notify physician accordingly to ensure currently ordered pain medication is evaluated and revised, as necessary "</p> <p>This Federal tag relates to complaint IN00190839.</p> <p>3.1-37(a)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/30/2016
FORM APPROVED
OMB NO. 0938-0391

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