

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155787	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/08/2015
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NAME OF PROVIDER OR SUPPLIER INDIANA VETERANS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3851 N RIVER RD WEST LAFAYETTE, IN 47906
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F 000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 30, 31, April 1, 2, 6, 7, and 8, 2015</p> <p>Facility number: 001134 Provider number: 155787 AIM number: 200817200</p> <p>Census bed type: SNF/NF: 152 NCC: 16 Total: 168</p> <p>Census payor type: Medicare: 6 Medicaid: 113 Other: 33 Total: 152</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by Tammy Alley RN on April 14, 2015.</p>	F 000	Preparation and/or execution of the Plan of Correction in general, or these corrective actions in particular, does not constitute an admission or agreement by this facility of the truth of the facts alleged or the conclusions set forth in this statement of deficiencies. This plan of correction and specific actions are prepared and/or executed in compliance of the Indiana State Department of Health Guidelines. This plan of correction is not meant to establish a standard of care, contract, obligation or position and the Indiana Veterans' Home reserves all possible contentions and defenses to the allegations and conclusions made by the inspection team.	
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS			

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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Bldg. 00	<p>& BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on record review and interview, the facility failed to ensure refrigerator temperatures were monitored for 3 of 8 refrigerators used for medication storage.</p> <p>Findings include:</p>	F 431	1. What did you do to correct the deficient practice in the resident identified? Preventative Maintenance will generate work order weekly to ensure temperatures are within appropriate range.2. What did	05/01/2015			

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	<p>During review of medication storage the following temperature logs did not indicate daily temperature monitoring of refrigerators used to store residents ' medications.</p> <p>1. On nursing unit, Mitchell 2 CD on 4/1/15 at 11:22 a.m., the log indicated the medication refrigerator temperature was not checked 3 out of 31 days.</p> <p>2. On nursing unit, Mitchell 2 AB on 4/1/15 at 1:50 p.m., the log indicated the medication refrigerator temperature was not checked 2 out of 31 days.</p> <p>3. On nursing unit, MacArthur 3 on 4/2/15 at 10:20 a.m., the log indicated the medication refrigerator temperature was not checked 5 out of 31 days.</p> <p>During an interview with Nurse Manager # 2 on 4/1/15 at 1:50 p.m., she indicated it is the expectation to have logs completed everyday. The responsibility for log completion was the duty list of the night nurse.</p> <p>During an interview with Nurse Manager # 3 on 4/2/15 at 10:20 a.m., she indicated it is the responsibility of the nurse on the unit to complete the log.</p>		<p>you do to be sure the deficient practice would not occur with other residents with like diagnoses? Nurse Managers will obtain work order and do temperatures on medication refrigerators to ensure within appropriate range.3. What systemic changes will you put into place to be sure this does not recur? Maintenance will generate work order.4. How will you be sure the changes are monitored? Nurse Unit Manager will complete work order and give to Nursing Administration. Will be placed in binder. ADON's will audit compliance 4 times monthly for one month, two times monthly for one month and then one time per month thereafter.5. When will changes take place? 5/1/15</p>	

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	A review of the policy titled "Storage of Medications" dated 1/1/2011 indicated "... N. Medication storage conditions are monitored on routine basis and corrective action taken if problems are identified...." 3.1-25(m)				