STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155153	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTHWIN	20531 DARDEN RD SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaint #IN00137115. Complaint #IN00137115 - Substantiated. Federal/State findings are cited at F282. Survey Dates: October 4, 7 and 17, 2013 Facility Number: 000073 Provider Number: 155153 AIM Number: 100288820 Survey Team: Lora Swanson, RN TC Debora Kammeyer, RN (10/4&7/13) Pam Williams, RN (10/04/2013) Julie Baumgartner (10/17/13) Census Bed Type: SNF/NF: 136 Total: 136 Census Payor Type: Medicare: 29 Medicaid: 89 Other: 18 Total: 136 Sample: 3 This deficiency reflects state findings	F000000	This plan of correction also represents the facility's allegations of compliance. The following combined plan of correction and allegations of compliance is submitted soley because it is required by law and is not an admission to any of the alleged deficiencies or violations. Furthermore, none of the actions taken in this plan of correction are an admission that additional steps should have or could have been taken by the facility to prevent the alleged deficiency. These steps are only included because a plan of correction is required by law. The facility was in compliance with all licensure and certification requirements at the time of the survey and disputes that any alledged deficiency or violation existed.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	cited in accordance with 410 IAC 16.2. Quality Review completed on October 17, 2013, by Brenda Meredith, R.N.			

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F000282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to follow hypoglycemic (low blood sugar) physicians orders for 1 of 3 residents reviewed for hypoglycemic physician orders. (Resident #C) Finding includes: The clinical record of Resident #C was reviewed on 10-7-13 at 10:40 A.M. The resident's diagnoses included, but were not limited to: insulin dependent diabetic, hypertension and chronic left subdural hematoma. A care plan for hypo/hyperglycemia related to unstable blood sugar was reviewed and interventions included but were not limited to: monitor for signs and symptoms of hyper/hypoglycemia, administer medications as ordered, report to nurse lethargy, fruity breath, rapid or slow heart respirations, agitation and change in level of consciousness. A review of physician's orders, dated	F000282	F282. It is the practice of Healthwin to ensure the services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Healthwin requests a paper review for compliance of F282 from the ISDH and all documents will be submitted for review by 11/6/13. WHAT CORRECTIVE ACTION(S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE. Resident #C's Physician was made aware of the 9/14/13 blood sugar value of 54, and the Glucagon was not given as ordered. The resident was served a meal. The resident's blood sugar was rechecked that morning and was within normal limits. No further intervention was needed. Resident #C's blood sugars and medication administration is being monitored closely. The Charge Nurse was counseled on the proper procedure to follow physician's orders and provided the proper counseling in regards to this specific incident.HOW OTHER RESIDENTS HAVING THE	11/06/2013

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	9-9-13, indicated "...Glucagon 1 ml [milliliter] for BS [blood sugar] < 60, recheck BS in 15 min [minutes] & call physician...." A review of the nursing notes indicated, on 9-14-13 at 6:20 A.M., the resident's blood sugar was 54. The nurse gave the resident a "complex carbohydrate and juice" and notified the supervisor. The next nursing note was on 9-14-13 at 11:15 A.M. This note indicated the resident was alert and oriented, able to make needs known. A review of a form titled "Glucose Monitoring Record" indicated the resident's blood sugar was taken on 9-14-13 at 6:30 A.M., with a reading of 54, the next blood sugar reading was completed at 8:30 A.M. and was 143. On 10-7-13 at 11:20 A.M., a review of a policy titled "Hypoglycemia" dated 6-6-09, indicated "...Check blood sugar with glucometer. If under 70, administer 1/2 cup of orange juice with 2 packets of sugar if the resident has no order for glucagon...." During an interview on 10-7-13 at 11:40 A.M., the Chief Clinical Officer indicated she had no idea why the		POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTION(S) WILL BE TAKEN. All residents receiving insulin for Diabetes have the potential to be affected. A review of all diabetic residents receiving insulin will be reviewed and audited for proper medication administration and management of diabetes per physicians orders. Any errors that are found will be addressed and followed up per Physician Notification Policy. If necessary, disciplinary action will occur following the Medication Error policy.WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR. Policies were reviewed regarding Physician's O rders and Medication Administration. In-Service education for Nurses was conducted the week of October 21-25, 2013 regarding Physician's Orders, Medication administration, Physician Notification and guidance related to this specific incident. EMAR implementation is beginning 11/1/13. This implementation includes specific sliding scale insulin orders and guidelines for Physician notification for blood glucose levels outside physician	

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	physician's order and policy wasn't followed for Resident #C's low blood sugar reading of 54. She further indicated the nurse should of rechecked the blood sugar in 15 minutes to see if treatment was effective. She provided documentation that verified the physician was notified, as ordered, of the low blood sugar reading of 54. This federal tag relates to Complaint #IN00137115. 3.1-35 (g)(2)		ordered parameters. The system will require documentation of Physician Notification of blood glucose levels outside of physician ordered parameters.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. Accucheck results and medications administration will be audited weekly for a period of 3 months by the Director of Nursing or her designee to ensure that Physician's orders and Resident Care plans are followed relating to insulin administration and the administration of Glucagon when ordered. If no issues are noted, audits will then be performed monthly for a period of three more months with any instances of non-compliance reported for review to the Quality Improvement Committee that meets quarterly.BY WHAT DATE THE SYSTEMC CHANGES WILL BE COMPLETED. November 6, 2013.	