

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155786	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/07/2015
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NAME OF PROVIDER OR SUPPLIER  ALLISONVILLE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 10312 ALLISONVILLE RD FISHERS, IN 46038
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00179129.</p> <p>This visit was in conjunction with a Recertification and State Licensure Survey. This visit included the Investigations of Complaint IN00176650 and IN00175716.</p> <p>Complaint IN00179129 - Substantiated. Federal/State deficiencies related to the allegations are cited at F514.</p> <p>Survey Dates: July 29, 30, 31, August 3, 4, 5, 6, and 7, 2015.</p> <p>Facility number: 012466 Provider number: 155786 AIM number: 201014060</p> <p>Census Bed Type: SNF: 30 SNF/NF: 115 Total: 145</p> <p>Census Payor Type: Medicare: 30 Medicaid: 91 Private: 23 Other: 1 Total: 145</p>	F 0000	F0000 The creation and submission of the plan of correction does not constitute an admission by this Provider of any conclusion set forth in the statement of deficiencies, or any violation of the regulation. This provider respectfully request that the 2567 Plan of Correction be considered the letter of credible allegation and ask for a post survey visit on or after September 5, 2015	
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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/ACCE SSIBLE</p> <p>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 interview and record review, the facility failed to maintain accurate documentation for 1 of 22 residents' records reviewed. (Resident #E)</p> <p>Findings include:</p> <p>The clinical record for Resident #E was reviewed on 8/4/15 at 12:07 p.m. Resident #E was admitted to the facility</p>	F 0514	<b>F0514 - What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b> There is no corrective action for resident E as she no longer resides at the facility. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be</b>	09/04/2015

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	<p>on 7/10/15. The diagnoses for Resident #E included, but were not limited to, muscle back spasm, osteoporosis, and rib fracture.</p> <p>A Medication Administration Record dated, 7/10/15-7/31/15, indicated Resident #E was to receive an oral dose of 50 milligrams of tramadol four times a day due to acute pain. The administration times were 8:00 a.m., 12:00 p.m., 5:00 p.m., and 9:00 p.m. This record indicated the administration of Resident #E's tramadol was the following:</p> <p>7/10/15 indicated the scheduled 5:00 p.m., dose of tramadol was "Not Administered: Drug/Item unavailable."</p> <p>7/10/15 indicated the scheduled 9:00 p.m., dose of tramadol was "Not Administered: Drug/Item unavailable."</p> <p>7/11/15 indicated the scheduled 8:00 a.m., dose of tramadol was signed off by the staff as administered.</p> <p>7/11/15 indicated the scheduled 12:00 p.m., dose of tramadol was "Late Administration: Administered late."</p> <p>A Medication Administration Record dated, 7/10/15-7/31/15, indicated Resident #E was to receive an oral dose</p>		<p><b>taken. All residents have the potential to be affected.</b> Licensed nurses will be educated/in serviced by the DNS/designee on Accurate documentation on the EMAR and following Physicians Orders by 8/28/15. Education/in service for licensed nurses held 8/17/15 &amp; 8/20/15 for Documentation on the EMAR, following Physicians orders, and procedure for Discontinuation/hold orders. All new admissions will be reviewed/audited for physician/treatment accuracy of orders by DNS/designee. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</b> IDT will review the admission/physician orders at the clinical meeting routinely to verify accuracy. Unit Managers/designee will perform medication pass with nurses on different shifts to check that medication administration and documentation on the EMAR is within compliance and accurate. The Unit Managers/designee will audit the MAR/TAR's to ensure physician's orders are followed and documentation is complete. Education may be on going with staff, non compliance with procedures may result in disciplinary action. <b>How the corrective action will be monitored to ensure the deficient practice will not recur</b></p>		

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	<p>of 2 milligrams of diazepam twice a day for back muscle spasm. The administration times were 9:00 a.m., and 9:00 p.m. This record indicated the administration of Resident #E's diazepam was the following:</p> <p>7/10/15 indicated the scheduled 9:00 p.m., dose of diazepam was "Not Administered: Drug/Item unavailable."</p> <p>7/11/15 indicated the scheduled 9:00 a.m., dose of diazepam was signed off by the staff as administered.</p> <p>A progress note dated, 7/11/15 at 11:15 a.m., indicated diazepam and tramadol had not been delivered to the facility. The staff had placed a call requesting scripts, so medications could be delivered the night of July 11th.</p> <p>A progress note dated, 7/11/15 at 3:24 p.m., indicated the facility needed hard scripts for authorization to fill the controlled medications.</p> <p>A progress note dated, 7/11/15 at 4:20 p.m., indicated "Received confirmation of pharmacy receipt of script for tramadol. Family upset that med not received, explained that med would come in tonight and that we now could get auth (authorization) code to obtain med from</p>		<p><b>i.e. what quality assurance program will be put into place.</b> The Unit Managers will complete the "MAR/TAR" CQI tool will be utilized weekly x 4, monthly x 6, and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of the CQI will be reviewed in the monthly CQI meeting overseen by the ED. If the threshold of 100% is not achieved, an action plan will be developed to assure compliance.</p> <p>Noncompliance with facility procedures may result in re-education and or disciplinary action.</p>				

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	<p>the (medication dispensing system), family not satisfied with that and obtained home med from AL (assisted living). accuracy of count verified x 2 nurses and supervisor, and is packaged in blisterpack from (name of pharmacy). Assured family that resident would receive med as ordered."</p> <p>An interview was conducted on 8/5/15 at 2:22 p.m., with the Director of Nursing (DON). The DON indicated the facility does need a hard script for tramadol. She also indicated Resident #E's 7/11/15 progress notes were correct, and her Medication Administration Record was incorrectly signed off as medications were given.</p> <p>An interview was conducted on 8/7/15 at 2:40 p.m. with the Director of Nursing (DON). The DON indicated there was no written policy on accuracy of documentation. She indicated it was the facility's expectation that documentation is entered in the system accurately.</p> <p>This Federal tag relates to Complaint IN00179129.</p> <p>3.1-50(a)(2)</p>			

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

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