

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155171	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/27/2015
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NAME OF PROVIDER OR SUPPLIER  FRANKLIN MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1285 W JEFFERSON ST FRANKLIN, IN 46131
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F000000	<p>This visit was for the Investigation of Complaint IN00162075.</p> <p>Complaint IN00162075 - Substantiated. Federal/state deficiencies related to the allegations are cited at F-157 and F-309.</p> <p>Survey dates: January 26 &amp; 27, 2015</p> <p>Facility number: 000087 Provider number: 155171 AIM number: 100289890</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: SNF/NF: 98 Total: 98</p> <p>Census payor type: Medicare: 14 Medicaid: 74 Other: 10 Total: 98</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>To Whom It May Concern:</p> <p>On February 2, 2015 a Health Survey was conducted at Franklin Meadows Skilled Nursing Facility. This letter is attached to the plan of correction, which does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation.</p> <p>We are respectfully requesting that the attached plan of correction be considered the letter of credible allegation and requesting a desk review, in lieu of a Post Survey review.</p> <p>Thank you very much for your time and consideration.</p> <p>Sincerely,</p>	2/9/15
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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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F000157 SS=D	<p>Quality review completed on January 30, 2015; by Kimberly Perigo, RN.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p>		<p>Michael Kalmas Executive Director</p> <p>Franklin Meadows</p>	

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	<p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified when medications were unavailable from the pharmacy for 1 of 3 residents reviewed for physician notification in a sample of 3 (Resident #B).</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 1/26/15 at 10:00 a.m. Diagnoses for Resident #B included, but were not limited to a thiamine (vitamin B1) deficiency.</p> <p>The resident was admitted to the facility on 12/24/14. An order dated 12/22/14, for thiamine (vitamin B1) intramuscular injections 20 milligrams 3 times a day for 11 days was provided from the hospital.</p> <p>Review of the medication administration record (MAR) dated December 2014 indicated Resident #B did not receive 5 doses of the thiamine injections on 12/28/14 at 2:00 and 10:00 p.m., and on 12/29/14 at 6:00 a.m., and 2:00 and 10:00 p.m. On 12/30/14, the thiamine was changed to an oral dose and</p>	F000157	<p>PLAN OF CORRECTION</p> <p>Franklin Meadows</p> <p>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.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a <u>Desk Certification Review</u> on or after <i>February 9, 2015</i>.</p> <p><b>F-157</b></p> <p>The facility strives to ensure that the facility notifies the resident's physician if there is a need to alter treatment significantly of a resident.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by deficient practice?</p> <p>Resident #B's physician was notified and an order to administer Oral Thiamine was received. Resident did discharge home with husband.</p>	02/09/2015

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	<p>administered.</p> <p>During an interview with the Director of Nursing on 1/27/15 at 9:25 a.m., he indicated the pharmacy sent us the medication they had, but the remaining doses were on back order and did not know when they would be available.</p> <p>The record lacked documentation the facility notified the physician the thiamine injections were on back order and unavailable from the pharmacy.</p> <p>During an interview with the DON on 1/27/15 at 1:00 p.m., he indicated the physician's office could not verify they had been notified the medications were on back order from the pharmacy.</p> <p>On 1/27/15 at 1:15 p.m., the DON provided the Medication Backorders policy, dated 2/2014, and indicated the policy was the one currently being used by the facility. Review of the policy indicated,</p> <p>"Medication Backorders: Purpose: To ensure medication backorders are resolved in a manner to minimize therapy interruptions. Procedure: ... 4. If product is not expected to be available for extended periods the pharmacy will notify the facility ... and</p>		<p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> <li>· All residents receiving medications have the ability to be affected.</li> <li>· Licensed nurses have been re-educated on physician notification by ADNS/Designee by <i>February 8, 2015</i>.</li> <li>· DNS/Designee has conducted an audit of the facility compliance report, which includes medication administration to ensure medications are available per physician order and to order ensure physician notification and other follow up has occurred as needed.</li> </ul> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> <li>· Licensed nurses have been re-educated on physician notification by ADNS/Designee by <i>February 8, 2015</i>.</li> <li>· Licensed nurses will notify the resident physician, pharmacy, and DNS/Designee if a medication is identified to not be available.</li> <li>· DNS/Designee will conduct an audit of the facility compliance report daily, which includes medication administration to ensure medications are available per physician order and to order ensure physician notification and other follow up has occurred as needed.</li> </ul> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality</p>	

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F000309 SS=D	<p>recommend alternative products ..."</p> <p>This Federal tag relates to Complaint IN00162075.</p> <p>3.1-5(a)(3)</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 record review and interview, the facility failed to ensure the resident received medications as ordered for 1 of 3 residents reviewed for medications administered as ordered in a sample of 3 (Resident #B).</p>	F000309	<p>assurance program will be put into place</p> <ul style="list-style-type: none"> <li>· A Physician Notification CQI tool will be utilized to ensure the physician of any resident who experienced a change of condition related to medication availability was notified. The CQI tool will be utilized 10 times per week x4 weeks, then 5 times per week x3, and then 5 times per month x 2.</li> <li>· Threshold of 100% will be maintained or an action plan will be developed.</li> <li>· Data will be submitted to the CQI Committee for review and follow up. If threshold is not met an action plan will be developed.</li> <li>· Compliance date: <i>February 9, 2015</i></li> </ul> <p><b>F-309</b> The facility strives to ensure that the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being.</p> <p>What corrective actions will be</p>	02/09/2015	

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	<p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 1/26/15 at 10:00 a.m. Diagnoses for Resident #B included but were not limited to a thiamine (vitamin B1) deficiency.</p> <p>The resident was admitted to the facility on 12/24/14. An order dated 12/22/14, for thiamine (vitamin B1) intramuscular injections 20 milligrams 3 times a day for 11 days was provided from the hospital.</p> <p>Review of the medication administration record (MAR) dated December 2014, indicated Resident #B did not receive 5 doses of the thiamine injections on 12/28/14 at 2:00 and 10:00 p.m., and on 12/29/14 at 6:00 a.m., 2:00 p.m. and 10:00 p.m. On 12/30/14, the thiamine was changed to an oral dose and administered.</p> <p>During an interview with the Director of Nursing on 1/27/15 at 9:25 a.m., he indicated the pharmacy sent us the medication they had, but the remaining doses were on back order and unavailable from the pharmacy.</p> <p>The record lacked documentation the facility notified the physician the thiamine injections were on back order</p>		<p>accomplished for those residents found to have been affected by deficient practice?</p> <ul style="list-style-type: none"> <li>· Resident #B's physician was notified and an order to administer Oral Thiamine was received. Resident did discharge home with husband.</li> </ul> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> <li>· All residents receiving medications have the ability to be affected.</li> <li>· Licensed nurses have been re-educated on physician notification by ADNS/Designee by <i>February 8, 2015.</i></li> <li>· DNS/Designee has conducted an audit of the facility compliance report, which includes medication administration to ensure medications are available per physician order and to order ensure physician notification and other follow up has occurred as needed.</li> </ul> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <ul style="list-style-type: none"> <li>· Licensed nurses have been re-educated on physician notification by ADNS/Designee by <i>February 8, 2015.</i></li> </ul>				

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	<p>and unavailable from the pharmacy.</p> <p>During an interview with the DON on 1/27/15 at 1:00 p.m., he indicated the physician's office could not verify they had been notified the medications were on back order from the pharmacy.</p> <p>This Federal tag relates to Complaint IN00162075.</p> <p>3.1-37(a)</p>		<ul style="list-style-type: none"> <li>· Licensed nurses will notify the resident physician, pharmacy, and DNS/Designee if a medication is identified to not be available.</li> <li>· DNS/Designee will conducted an audit of the facility compliance report daily, which includes medication administration to ensure medications are available per physician order and to order ensure physician notification and other follow up has occurred as needed.</li> </ul> <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</p> <ul style="list-style-type: none"> <li>· A Physician Notification CQI tool will be utilized to ensure the physician of any resident who experienced a change of condition related to medication availability was notified. The CQI tool will be utilized 10 times per week x4 weeks, then 5 times per week x3, and then 5 times per month x 2.</li> <li>· Threshold of 100% will be maintained or an action plan will be developed.</li> <li>· Data will be submitted to the CQI Committee for review and follow up. If threshold is not met an action plan will be developed.</li> <li>· Compliance date: <i>February 9, 2015</i></li> </ul>	