

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155307	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/05/2013
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NAME OF PROVIDER OR SUPPLIER TOWNE CENTRE HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 7250 ARTHUR BLVD MERRILLVILLE, IN 46410
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F000000	<p>This visit was for the Investigation of Complaint IN00126147.</p> <p>Complaint IN00126147-Substantiated. A Federal/State deficiency related to the allegation was cited at F501.</p> <p>Survey dates: April 4 and 5, 2013</p> <p>Facility number: 000204 Provider number: 155307 AIM number: 100284910</p> <p>Survey team: Regina Sanders, RN, TC</p> <p>Census bed type: SNF/NF: 88 Total: 88</p> <p>Census Payor type: Medicare: 21 Medicaid: 50 Other: 17 Total: 88</p> <p>Sample: 4</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>Preparation and implementation of this plan of correction does not constitute admission or agreement by Towne Centre Health Care of the truth of the facts, findings, or other statements as alleged by the preparer of the survey/inspection dated April 5, 2013. Towne Centre Health Care specifically reserves the rights to move to strike or exclude this document as evidence in any civil, administrative, and criminal action not related directly to the licensing and/or certification of this facility or provider.</p>	
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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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	Quality review completed on April 6, 2013, by Janelyn Kulik, RN.				

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F000501 SS=D	<p>483.75(i) RESPONSIBILITIES OF MEDICAL DIRECTOR The facility must designate a physician to serve as medical director.</p> <p>The medical director is responsible for implementation of resident care policies; and the coordination of medical care in the facility.</p> <p>Based on record review and interview, the facility failed to ensure the Medical Director coordinated medical care for 2 of 4 residents reviewed for change in condition and physician notification in a total sample of 4, related to not responding timely when the facility paged the Physician for a condition change of a resident and not responding when a Physician did not respond to facility notification for a lab value, which required orders for medication. (Resident #B, #C, and Medical Director)</p> <p>Findings include:</p> <p>1. Resident #B's record was reviewed on 04/04/13 at 10:30 a.m. The resident's diagnoses included, but were not limited to, renal failure, dysphagia (difficulty swallowing), and dementia.</p> <p>A) The Nurses' Notes indicated:</p>	F000501	<p>1) What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The resident's physician or Medical Director will respond timely to the facility notification of resident condition change.</p> <p>2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; Any resident who may have a change in their medical condition have the potential to be affected, so if the resident's physician does not respond timely, that physician's back up will be contacted and if still no response, the Medical Director will be contacted to respond timely.</p> <p>3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; The</p>	05/05/2013	

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	<p>03/05/13 at 3 p.m.-"...Chest congestion noted. Resident coughing up phym (sic) white frothy in color & consistency. Resident suctioned...MD (Physician) paged again at this time awaiting call back."</p> <p>03/05/13 at 6 p.m.- "Resident in small dining room CNA went to administer food Resident began coughing food up c/ (with) phelym (sic)...taken to room & suctioned Resp (respiratory) labored at this time O2 SAT (oxygen saturations) 89% -90% (normal above 95%) on 3L/NC (oxygen three liters per nasal cannula). Congestion remains Large amount of white frothy sputum removed...Resident pale in color. MD paged again still awaiting call back..."</p> <p>03/05/13 at 9 p.m.- "MD updated on Residents condition. N/O (new order) for chest x-ray..."</p> <p>This was six hours after the first attempt was made to notify the resident's Physician at 3 p.m.</p> <p>During an interview on 04/04/13 at 12 p.m., the Second Floor Unit Director indicated the resident's Physician was the facility's Medical Director.</p>		<p>Medical Director agreement will be reviewed and modified by the facility Administrator, Executive Director and Corporate Manager. The updated Medical Director agreement will be reviewed with the Medical Director with emphasis placed on the responsibility to return calls timely and to remind the Medical Director of the responsibility to provide medical direction in the absence of the resident's primary physician. The Medical Director will be expected to provide appropriate back up coverage for any periods of time he/she is unavailable for timely response as the Medical Director. Medical Director will notify Director of Nursing/designee with names and phone numbers of alternates who will in turn make such information available to the facility Nursing staff. A letter will be drafted to all physicians who are credentialed at Towne Centre Health Care reminding them of their obligations to return all notifications of resident change in condition in a timely manner. The Licensed Nursing Staff will be re-educated by May 5, 2013 on the procedure to follow when physician does not respond timely.</p> <p>4) 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>	

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	<p>B) Nurses' Notes indicated:</p> <p>03/10/13 at 1:25 p.m.- "...staff feeding, unable to swallow food, just comes back up. M.D. paged..."</p> <p>03/10/13 at 8:45 p.m.- "...required suctioning. Small amount white mucous obtained...Called et (and) spoke to (Physician's Name) per family request..." This was seven hours and 20 minutes after the Physician was first paged.</p> <p>There was a lack of documentation to indicate the Physician contacted the facility after he was paged at 1:25 p.m.</p> <p>During an interview on 04/04/13 at 12 p.m., the Second Floor Unit Director indicated the Physician had not called the facility after the page at 1:25 p.m. She indicated there were no attempts to page the Physician again after 1:25 p.m.</p> <p>2. Resident #C's record was reviewed on 04/04/13 at 11:45 a.m. The resident's diagnoses included, but were not limited to, Congestive Heart Failure and Atrial Fibrillation.</p> <p>A Nurses' Note, dated 03/20/13 at 10:10 a.m., indicated, "...CNA showed</p>		<p>Nurse Managers/designee will audit 2 medical records from each shift daily for timely physician notification and provide review results to the following morning Nurse Manager Meeting M-F, and submitted to the Nurse Weekend Manager Saturday, Sunday or holidays for review. Data will be summarized, presented and discussed with the Interdisciplinary Team and Medical Director at the weekly Rehab Meeting for 4 weeks, then once monthly for the next 6 months. The Director of Nursing/designee will present the summarized information to the monthly QAPI committee meeting and any recommendations made by the committee will be addressed at that time. If the audit results are 95% or better, the committee may recommend the audits be reduced to 1 medical record per day for the next 6 months as long as 95% or higher results are achieved. At any time the results are less than 95%, the daily audits of 2 per shift will be resumed until the committee determines the audits are no longer necessary.</p> <p>5) Systemic changes will be completed by May 5, 2013.</p>		

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	<p>this nurse a tissue with bright red blood in moderate amount...This nurse then witnessed resident cough up a small amount of bright red blood..."</p> <p>A Nurses' Note, dated 03/20/13 at 10:20 a.m. indicated the resident's Physician ordered the resident to be transferred to the Emergency Room.</p> <p>The resident returned to the facility on 03/20/13 at 7:50 p.m. with an order to hold the Coumadin (blood thinner) 5 mg (milligrams) for two days, then recheck the PT/INR (blood clotting tests) then the Physician would dose the Coumadin after the results were obtained.</p> <p>The PT/INR Log, dated 03/22/13, indicated the PT was 16.1 (normal 11-13) and the INR was 1.6 (normal 0.8-1.1).</p> <p>A Nurses' Note, dated 03/22/13 at 4 p.m., indicated the resident's PT and INR was obtained and the 2 p.m. to 10 p.m. nurse was informed of the results.</p> <p>A Nurses' Note, dated 03/22/13 at 10 p.m., indicated, "...PT/INR results rec'd (received), MD called x4 attempts 0/ (no) answer..."</p>			

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	<p>A Nurses' Note, dated 03/23/13 at 2:45 a.m., indicated, "...Coumadin remains on hold PT/INR results available. Will continue to attempt to reach MD for further orders..."</p> <p>A Nurses' Note, dated 03/23/13 at 5:30 p.m., indicated, "M.D. gave orders to resume Coumadin 5 mg PO (by mouth) qd (every day)..." This was 25 1/2 hours after the PT/INR was obtained.</p> <p>During an interview on 04/04/13 at 12:40 p.m., the Second Floor Unit Manager indicated the Physician had not called back until 3/23/13 at 5:30 p.m.</p> <p>During an interview on 04/04/13 at 8:55 a.m., LPN #1 indicated the Physician's are not quick to return calls to the facility. She indicated the Nurses' just keep calling and "eventually" they will get back to the facility.</p> <p>A facility policy, dated 05/09, titled, "Guidelines for Physician Notification for Change in Condition Overview", received as current from the Director of Nursing, indicated, "...The attending physician is responsible for responding in a timely manner...If the</p>			

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	<p>physician does not respond in a timely manner, then notify the Medical Director or his Nurse Practitioner. If the physician that is not responding is the Medical Director, then notify his Nurse Practitioner. If the Nurse Practitioner does not respond, then notify the physician alternate...The following...should prompt the nurse to notify the physician as soon as possible...If you do not obtain a response from the physician, call the designated alternate physician. If you still do not receive a response, notify the Medical Director for further instructions...1. Any complaint or apparent discomfort which is: a. Sudden in onset b. A marked change...in relation to usual complaints or evidence of distress...New onset symptoms (not meant to be all-inclusive):...unrelieved coughing with congestion, rales, ronchi..."</p> <p>3.1-13(v)(5)</p>			

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

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FORM APPROVED

OMB NO. 0938-0391

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