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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155796 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 01/25/2013 |
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| NAME OF PROVIDER OR SUPPLIER CEDARS THE | STREET ADDRESS, CITY, STATE, ZIP CODE 14409 SUNRISE CT LEO, IN 46765 |
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| F0000 | <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 21-25, 2013.</p> <p>Facility number: 001215 Provider number: 155796 AIM number: 100450890</p> <p>Survey team: Diane Nilson, RN, TC Carol Miller, RN Tim Long, RN Rick Blain, RN, January 21-24,2013</p> <p>Census bed type: SNF: 10 SNF/NF: 35 Residential: 10 Total: 55</p> <p>Census payor type: Medicare: 5 Medicaid: 17 Other: 33 Total: 55</p> <p>Residential sample: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> | F0000 | | |

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 January 25, 2013 by Randy Fry RN. | | | | |

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| F0282 SS=D | <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview the facility failed to follow physician's orders for 1 of 3 residents (#30) reviewed for psychotropic medications in a sample of 32 residents.</p> <p>Findings include:</p> <p>Resident #30's clinical record was reviewed on 1/23/13 at 9:00 A.M.. The record indicated the resident's most recent physician's orders, signed 1/13/13, had a physician's order originally dated 2/26/12 for Ativan 0.5 milligrams (mg): May give one tablet by mouth 3 x daily as needed (PRN) for aggressive or paranoid behavior. Nursing must document at least three interventions attempted prior to giving this medication.</p> <p>Review of the resident's Medication Administration Record (MAR) for November and December 2012 and January 2013 indicated the resident received PRN Ativan 4 times for behavior other than aggression or</p> | F0282 | <p>I. Physician's orders for resident #30 have been updated to accurately reflect the reason for Ativan administration for anxiety and restless agitation. Nurses will be reinserviced on the necessity of following the physician orders regarding documenting of three attempted interventions prior to administration of the drug and the need of ensuring the care plan is followed and includes assessment of the cause of resident's behaviors and attempts to reduce or eliminate it.II. All residents on psychotropic meds have been reviewed for appropriate diagnosis and documentation of interventions prior to PRN drug administration.III. All nursing personnel will be reinserviced on the necessity of documenting 3 interventions in the nursing notes and/or on the revised sign out drug sheet (See attachment #1).IV. A daily computerized PRN monitoring report will be run on all residents to ensure appropriate drug administration and documentation.DON or designee will be responsible to ensure this finding does not recurr.</p> | 02/16/2013 | | | |

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| | <p>paranoia (as indicated by the physician's order) during that time period: On 11/3/12 at 8:33 P.M. the resident received Ativan 0.5mg by mouth for increased agitation; on 12/9/12, at 7:09 A.M., the resident received Ativan 0.5mg by mouth for restlessness/repeated attempts to transfer self without assist; on 12/30/12 at 1:45 P.M., the resident received Ativan 0.5mg by mouth for becoming very anxious, trying to leave building; on 1/10/13 at 8:48 P.M., the resident received Ativan 0.5mg by mouth for being red in face, shaking due to anxiety.</p> <p>Review of the resident's Medication Administration Record (MAR) for November and December 2012 and January 2013 indicated the resident received PRN Ativan on 4 occasions without first attempting 3 interventions (as indicated by the physician's order): On 12/9/12 at 9:37 P.M., the resident was given Ativan 0.5 mg by mouth without any documented interventions being attempted before administering the medication; on 12/13/12, at 3:53 P.M., the resident was given Ativan 0.5 mg by mouth without any documented interventions being attempted before administering the medication; on 1/10/13 at 8:48</p> | | | | | | |

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| | <p>P.M., the resident was given Ativan 0.5 mg by mouth without any documented interventions being attempted before administering the medication; on 1/13/13 at 6:40 P.M. resident was given Ativan 0.5 mg by mouth without any documented interventions being attempted before administering the medication.</p> <p>On 1/24/13 at 1:15 P.M., an interview with the Social Service Director (SSD) indicated she monitors for mood and behavioral symptoms and the resident had none reported in the previous 30 days.</p> <p>An interview with LPN #1 on 1/24/13 at 1:50 P.M. indicated she did not know specific interventions to use before administering PRN Ativan to resident #30 but on at least one occasion she had given the PRN Ativan after attempting several interventions.</p> <p>An interview with the Director of Nursing (DN) on 1/24/13, at 2:20 P.M. indicated she thought interventions were on the actual administration section of the MAR but could not locate them. The DN also indicated the physician's orders did not have any specific interventions for the 3 interventions to try before</p> | | | |

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| | <p>administration of the PRN Ativan to resident #30.</p> <p>Review of the facility policy "Antipsychotic Drugs", original date, 1/1/05, indicated under the section "As needed or PRN Antipsychotic Drugs" "should only be used when the resident has a specific condition for which antipsychotic drugs are indicated and one of the following circumstances exists:</p> <p>The as needed or PRN dose is being used to titrate the resident's total daily dose up to achieve symptom relief, or down to avoid side effects, or down to effect a gradual dose reduction.</p> <p>The as needed or PRN dose is being used to manage unexpected harmful behaviors that cannot be managed without antipsychotic drugs. Under this circumstance a PRN antipsychotic drug may be used no more that twice in any seven day period without an assessment of the cause for the resident's behavioral symptoms and the development of a plan of care to attempt to reduce or eliminate the cause(s) for the harmful behavior."</p> <p>3.1-35(g)(2)</p> | | | |

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| F0329 SS=D | <p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview the facility failed to ensure non-pharmacological interventions were attempted before administration of psychotropic medications for 1 of 3 residents (#30) reviewed for psychotropic medications in a sample of 32 residents.</p> <p>Findings include:</p> <p>Resident #30's clinical record was reviewed on 1/23/13 at 9:00 A.M..</p> | F0329 | <p>I. Resident #30 has had her medications reviewed and nurses have been reinserviced on the necessity of documenting 3 non-pharmacological interventions prior to the administration of psychotropic medications.II. All residents receiving psychotropic drugs have been reviewed for appropriate diagnosis and the documentation of non-pharmacological interventions times 3 prior to PRN administration and it is significant to note that all psychotropic drugs</p> | 02/16/2013 | | | |

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| | <p>The record indicated the resident's most recent physician's orders, signed 1/13/13, had a physician's order originally dated 2/26/12 for Ativan 0.5 milligrams (mg): May give one tablet by mouth 3 x daily as needed (PRN) for aggressive or paranoid behavior. Nursing must document at least three interventions attempted prior to giving this medication.</p> <p>Review of the resident's Medication Administration Record (MAR) for November and December 2012 and January 2013 indicated the resident received PRN Ativan on 4 occasions without first attempting 3 interventions (as indicated by the physician's order): On 12/9/12 at 9:37 P.M., the resident was given Ativan 0.5 mg by mouth without any documented interventions being attempted before administering the medication; on 12/13/12, at 3:53 P.M., the resident was given Ativan 0.5 mg by mouth without any documented interventions being attempted before administering the medication; on 1/10/13 at 8:48 P.M., the resident was given Ativan 0.5 mg by mouth without any documented interventions being attempted before administering the medication; on 1/13/13 at 6:40 P.M.</p> | | <p>in this facility are reviewed at our monthly chemical restraint meeting with our consultant pharmacist, social service director, MDS coordinator and DON.III. All nursing personnel will be reinserviced on the necessity of documenting 3 interventions in the nursing notes and/or on the revised sign out drug sheet (See attachment #1).IV. A daily computerized PRN on monitoring report will be run for all residents to ensure appropriate drug administration and documentation. This procedure will be on going and reviewed through the Quarterly Assurance Committee.DON or designee will be responsible to ensure completion of above.</p> | | |

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| | <p>resident was given Ativan 0.5 mg by mouth without any documented interventions being attempted before administering the medication.</p> <p>On 1/24/13 at 1:15 P.M., an interview with the Social Service Director (SSD) indicated she monitors for mood and behavioral symptoms and the resident had none reported in the previous 30 days.</p> <p>An interview with LPN #1 on 1/24/13 at 1:50 P.M. indicated she did not know specific interventions to use before administering PRN Ativan to resident #30 but on at least one occasion she had given the PRN Ativan after attempting several interventions.</p> <p>An interview with the Director of Nursing (DN) on 1/24/13, at 2:20 P.M. indicated she thought interventions were on the actual administration section of the MAR but could not locate them. The DN also indicated the physician's orders did not have any specific interventions for the 3 interventions to try before administration of the PRN Ativan to resident #30.</p> <p>Review of the facility policy "Antipsychotic Drugs", original date,</p> | | | |

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| | <p>1/1/05, indicated under the section "As needed or PRN Antipsychotic Drugs" "should only be used when the resident has a specific condition for which antipsychotic drugs are indicated and one of the following circumstances exists:</p> <p>The as needed or PRN dose is being used to titrate the resident's total daily dose up to achieve symptom relief, or down to avoid side effects, or down to effect a gradual dose reduction.</p> <p>The as needed or PRN dose is being used to manage unexpected harmful behaviors that cannot be managed without antipsychotic drugs. Under this circumstance a PRN antipsychotic drug may be used no more that twice in any seven day period without an assessment of the cause for the resident's behavioral symptoms and the development of a plan of care to attempt to reduce or eliminate the cause(s) for the harmful behavior."</p> <p>3.1-48(b)(1)</p> | | | | |

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| F0441 SS=D | <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observations, interviews and record review the facility failed to</p> | F0441 | I. Resident #39 still has her catheter. Recognizing the | 02/16/2013 | | | |

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| | <p>ensure one of three residents (#39) observed for indwelling urinary catheters was free of potential for infection due to urinary catheter tubing being on the floor.</p> <p>Findings include:</p> <p>An observation of resident #39 in the main dining room on 1/23/13 at 12:15 P.M., indicated the resident's indwelling urinary catheter tubing was on the floor while sitting in her wheelchair, eating lunch. The resident was observed the entire lunch and the tubing was on the floor. At 12:55 P.M. staff came and pushed the resident in her wheelchair to her bedroom. The resident was observed with her indwelling urinary catheter dragging on the floor down the hallway to her bedroom the entire journey. Once in her bedroom at 12:58 P.M., the staff transferred the resident from her wheelchair to her bed and the urinary catheter tubing was off of the floor.</p> <p>An observation of resident #39 in the main dining room on 1/24/13 at 11:30 A.M. indicated the resident's indwelling urinary catheter tubing was on the floor while she was seated in her wheelchair, eating lunch. The tubing was observed on the floor until</p> | | <p>potential of infection, we have taken measures of ensuring appropriate placement of catheter tubing at all times, including when resident is sitting in her wheelchair. This is accomplished by the use of Velcro fastening that has proven effective and efficient. II. The other two residents with urinary catheters have been assessed and monitored for appropriate catheter tube placement and no problems have been identified. Staff will be inserviced on the potential for infection related to urinary catheters, tubes, and bags.III. Charge nurse will monitor residents with catheter to ensure appropriate placement of tubing. All residents with catheters will have catheter tubing off the floor by use of the above same Velcro placement.IV. Velcro will be checked at time of catheter change to ensure its functionality and this procedure will be part of the quarterly QA process.DON or designee will be responsible to ensure this finding does not recurr.</p> | | |

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| | <p>12:05 P.M.</p> <p>An interview with RN #2 on 1/24/13 at 12:01 P.M. indicated the resident's indwelling urinary catheter tubing should be kept off the floor. At 12:05 P.M., RN #1 went to the dining room where resident #39 was still eating lunch and removed the indwelling urinary catheter tubing off the floor.</p> <p>An interview with the Director of Nursing (DN) on 1/24/13 at 3:00 P.M. indicated the facility did not have a specific policy for urinary catheter tubing care. The DN indicated the facility uses Lippincot's manual for nursing procedures for specific policies for some nursing procedures.</p> <p>3.1-18(b)(1)</p> | | | | |

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| (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 | | | |
| F0516 SS=C | <p>483.75(l)(3), 483.20(f)(5) RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS A facility may not release information that is resident-identifiable to the public.</p> <p>The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>The facility must safeguard clinical record information against loss, destruction, or unauthorized use.</p> <p>Based on interview, and observation the facility failed to secure the Medical Records room.</p> <p>Finding include:</p> <p>On 1/24/13 at 8:30 a.m. the Director Nursing Service (DNS) was observed in the common area as she removed the key from the hook for the public bathroom and then unlocked the Medical Record Room with the bathroom key. The DNS was observed as she hung the key back up by the public bathroom door. After the DNS opened the Medical Record's door 3 resident medical records were observed to be not secured and the file cabinet that holds the resident's medical records was unlocked. The DNS indicated the public bathroom key did not open any</p> | F0516 | <p>I. The lock to the Medical Records room was changed immediately upon notification of the surveyors on 1-24-13. No residents were affected.II. No residents will be affected by the negative practice as it has been stated above.III. Medical Records has a unique lock accessible only to appropriate personnel.IV. Medical Records has a unique lock accessible only to appropriate personnel.V. Date of completion (See #1) January 24, 2013.</p> | 01/28/2013 | | | |

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| | <p>other doors in the facility.</p> <p>On 1/25/13 at 8:15 a.m. the DNS was interviewed and indicated the Medical Records room key should have been secured.</p> <p>3.1-50(d)</p> | | | | |