

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/02/2012
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NAME OF PROVIDER OR SUPPLIER  SHIELDS HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2288 NICHOLAS CT SEYMOUR, IN 47274
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R0000	<p>This visit was for a Post Survey Revisit (PSR) to the PSR completed on 8-23-12 to the State Residential Licensure Survey completed on 5-31-12.</p> <p>Survey date: November 1 and 2, 2012</p> <p>Facility number: 004376 Provider number: 004376 AIM number: N/A</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: Residential: 30 Total: 30</p> <p>Census payor type: Other: 30 Total: 30</p> <p>Sample: 4</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review 11/08/12 by Suzanne Williams, RN</p>	R0000	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>	

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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R0214	<p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on interview and record review, the facility failed to ensure a resident's diagnosis of diabetes was evaluated at least semi-annually in regard to the care required for this diagnosis for 1 of 2 residents reviewed for diabetes in a sample of 4. (Resident #13)</p> <p>Findings include:</p> <p>Resident #13's clinical record was reviewed on 11-1-12 at 3:50 p.m. His diagnoses included, but were not limited to diabetes, COPD (chronic obstructive pulmonary disease) and high blood pressure.</p> <p>Review of Resident #13's semi-annual evaluation and service plan, dated 9-20-12 and 11-1-12, indicated he required "Base Level: No care services provided." Under the subheading of "Diabetes Assistance: Are you diabetic?" was not selected. This sub-category heading did not indicate the selection</p>	R0214	<p><b>Citation #1 R 214 410 IAC 16.2-5-2(a) Evaluation - Deficiency What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? Resident #13's service assessment was updated to include the diagnosis of Diabetes. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? The Wellness Director and/or Designee conducted a review of current residents residing at Shields House to ensure compliance with the above referenced citation.No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Residence Director and Wellness Director were re-educated to our policy and procedure regarding service plan completion. The</b></p>	12/20/2012			

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	<p>of "Do you check your blood sugar regularly?", nor did it indicate the selections of "Do you take insulin?" or "Are you able to store, draw up, and administer your insulin and appropriately dispose of any sharps independently?"</p> <p>Review of the recapitulation or physician orders, dated for November 2012, indicated orders for Lantus insulin for morning and evening dosages in which he self injects this medication for his diabetes. An order dated, 11-3-11, indicated, "Humalog 100 units/ml [milliliter] vial inject sub-q [under the skin] per sliding scale." Further review indicated no orders for the sliding scale insulin were present. Additionally, no orders were present for the frequency of blood sugar testing.</p> <p>In interview with Resident #13 on 11-2-12 at 9:40 a.m., he indicated he routinely self-injects the Humalog insulin according to the type of meal he consumes. He indicated, "If it's a heavy meal, I take 12 units; if it's a lighter meal I take 6 units."</p> <p>This state residential rule was cited on 5-31-12 and on 8-23-12. The facility failed to implement a systemic plan of correction to prevent</p>		<p>Wellness Director and/or Designee will be responsible for ensuring that service plans are accurate and updated per our policy and procedure to ensure continued compliance with R214 410 IAC 16.2-5-2(a) Evaluation. <b>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?</b> The Wellness Director and/or Designee will perform random weekly audits of resident service assessments to ensure continued compliance for a period of 6 months. Findings will be reviewed through the Shields House QA process after six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. The Regional Director of Quality and Care Management and/or Designee will complete quarterly site visits of community to ensure continued compliance. <b>By what date will the systemic changes be completed?</b> 12/20/12</p>				

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R0217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on interview and record review, the facility failed to ensure a resident's service plan was reviewed and revised to include a diagnosis of diabetes and the care required for the resident for 1 of 2 residents reviewed for diabetes in a sample of 4. (Resident #13)</p>	R0217	<p><b>Citation #2</b> <b>R 217</b> <b>410 IAC 16.2-5-2(e) (1-5)</b> <b>Evaluation- Deficiency</b> <b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> Resident #13's service</p>	12/20/2012			

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	<p>Findings include:</p> <p>Resident #13's clinical record was reviewed on 11-1-12 at 3:50 p.m. His diagnoses included, but were not limited to diabetes, COPD (chronic obstructive pulmonary disease) and high blood pressure.</p> <p>Review of Resident #13's service plan, dated 9-20-12 and 11-1-12, indicated he required "Base Level: No care services provided." Under the subheading of "Diabetes Assistance: Are you diabetic?" was not selected. This sub-category heading did not indicate the selection of "Do you check your blood sugar regularly?", nor did it indicate the selections of "Do you take insulin?" or "Are you able to store, draw up, and administer your insulin and appropriately dispose of any sharps independently?"</p> <p>Review of the recapitulation or physician orders, dated for November 2012, indicated orders for Lantus insulin for morning and evening dosages in which he self injects this medication for his diabetes. An order dated, 11-3-11, indicated, "Humalog 100 units/ml [milliliter] vial inject sub-q [under the skin] per sliding scale."</p>		<p>assessment was updated to include the diagnosis of Diabetes. The service plan was updated to also include blood sugar monitoring and insulin administration as indicated by the physician's order. The resident has been assessed by the Wellness Director in collaboration with the primary care physician and has been deemed capable of self-administration and management of all aspects of his/her diabetic care.</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> The Wellness Director and/or Designee conducted a review of current residents to ensure compliance with the above referenced citation. No other residents were found to be affected.</p> <p><b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Residence Director and Wellness Director were re-educated to our policy and procedure regarding service plan completion. The Wellness</p>				

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	<p>Further review indicated no orders for the sliding scale insulin were present. Additionally, no orders were present for the frequency of blood sugar testing.</p> <p>In interview with Resident #13 on 11-2-12 at 9:40 a.m., he indicated he routinely self-injects the Humalog insulin according to the type of meal he consumes. He indicated, "If it's a heavy meal, I take 12 units; if it's a lighter meal I take 6 units."</p> <p>In interview with the Wellness Director on 11-2-12 at 10:35 a.m., she indicated she spoke with the resident and his physician the previous evening about the sliding scale and the blood sugars. She indicated the physician then discontinued the sliding scale. A physician's order, dated 11-1-12 indicated, "D/C [discontinue] sliding scale. Humalog 6-12 units sub-q TID [three time daily] with meals." A second physician's order, dated 11-1-12, indicated, "Check sugars once-BID [twice daily]- fasting and mid-afternoon." Both order sheets had a notation that the Wellness Director had notified the resident in regard to the changes.</p> <p>This state residential rule was cited</p>		<p>Director and/or Designee will be responsible for ensuring service plans are accurate and updated as indicated within our policy and procedure to ensure continued compliance with Indiana state regulation R217 410 IAC 16.2-5-2(e)(1-5) Evaluation.</p> <p><b>How will 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?</b></p> <p>The Wellness Director and/or Designee will perform random weekly audits of resident service plans for accuracy of services provided to ensure continued compliance with the above referenced citation for a period of 6 months. Findings will be reviewed through the Shields House QA process after 6 six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. The Regional Director of Quality and Care Management will perform quarterly site visits at community to ensure continued compliance.</p> <p><b>By what date will the systemic changes be completed?</b> 12/20/12</p>				

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	on 5-31-12 and on 8-23-12. The facility failed to implement a systemic plan of correction to prevent recurrence.				

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R0241	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on interview and record review, the facility failed to ensure physician orders for sliding scale insulin coverage for blood sugars were in place for 2 of 2 residents reviewed for diabetic care in a sample of 4. (Resident #13 and #29)</p> <p>Findings include:</p> <p>1. Resident #13's clinical record was reviewed on 11-1-12 at 3:50 p.m. His diagnoses included, but were not limited to diabetes, COPD (chronic obstructive pulmonary disease) and high blood pressure.</p> <p>Review of the recapitulation or physician orders, dated for November 2012, indicated orders for Lantus insulin for morning and evening dosages in which he self injects this medication for his diabetes. An order dated, 11-3-11, indicated, "Humalog 100 units/ml [milliliter] vial inject sub-q [under the skin] per sliding scale." Further review indicated no orders for</p>	R0241	<p><b>Citation #3 R 241 410 IAC 16.2-5-4(e) (1) Health Services- Offense What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> Resident #13's orders for blood sugar monitoring and insulin administration were clarified with physician. Resident # 13 has been assessed in collaboration with his/her primary care physician and has been deemed capable of independently managing all aspects of diabetic management including blood sugar monitoring and self-administration of insulin per the physician's order. Resident #13 was educated as to the prescribed physician orders regarding insulin administration. Resident # 29's insulin orders were clarified with the physician. Resident is independent with insulin administration. Resident #29 was educated to new physician orders. <b>How the facility will identify other residents having the potential to be affected by the same</b></p>	12/20/2012			

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	<p>the sliding scale insulin were present. Additionally, no orders were present for the frequency of blood sugar testing.</p> <p>The recapitulation of physician orders, dated for November 2012, indicated the resident self-administered his medications.</p> <p>In interview with Resident #13 on 11-2-12 at 9:40 a.m., he indicated he routinely self-injects the Humalog insulin according to the type of meal he consumes. He indicated, "If it's a heavy meal, I take 12 units; if it's a lighter meal I take 6 units."</p> <p>In interview with the Wellness Director on 11-2-12 at 10:35 a.m., she indicated she spoke with the resident and his physician the previous evening about the sliding scale and the blood sugars. She indicated the physician then discontinued the sliding scale. A physician's order, dated 11-1-12 indicated, "D/C [discontinue] sliding scale. Humalog 6-12 units sub-q TID [three time daily] with meals." A second physician's order, dated 11-1-12, indicated, "Check sugars once-BID [twice daily]- fasting and mid-afternoon." Both order sheets had a notation that the Wellness</p>		<p><b>deficient practice and what corrective action will be taken?</b> The Wellness Director and/or Designee conducted a review of current resident's physician orders to ensure compliance with the above referenced citation. No other residents were found to be affected. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Wellness Director was re-educated to our policy and procedure regarding physician orders. The Wellness Director and/or Designee will be responsible for confirming accuracy of physician's orders to ensure continued compliance with R241 410 IAC 16.2-5-4(e)(1) Health Services. <b>How will 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?</b> The Wellness Director and/or Designee will perform random weekly audits of physician orders to ensure continued compliance for a period of six months. Findings will be reviewed through the Shields House QA process after 6 six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. The Regional</p>				

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	<p>Director had notified the resident in regard to the changes.</p> <p>2. Resident #29's clinical record was reviewed on 11-1-12 at 3:06 p.m. Her diagnoses included, but were not limited to diabetes, congestive heart failure, COPD, high blood pressure and morbid obesity.</p> <p>Review of the recapitulation or physician orders, dated for November 2012, indicated orders for Lantus insulin for a bedtime dosage in which she self injects this medication for her diabetes. An order dated, 4-27-12 indicated, "Accuchecks [blood sugar testing] four times a day at meals and bedtime-with Apidra [ a type of medication used with diabetes] per sliding scale." Further review indicated orders for the details of the sliding scale insulin were not present. A single page without a resident name or date was located in the resident's clinical record in the section under physician's orders. This document indicated, "Apidra Insuline [sic] sliding scale." It indicated the following: "70-150 = 0 units 151-200 = 6 units 2-1-250 = 10 units 251-300 = 14 units 301-350 = 16 units 351-400 = 18 units &gt;400 = 20 units and call [name of physician]" This document was not signed or dated by</p>		<p>Director of Quality and Care Management and/or Designee will complete quarterly site visits of community to ensure continued compliance. <b>By what date will the systemic changes be completed?</b> 12/20/12</p>				

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	<p>the nurse receiving the order or by the physician.</p> <p>The recapitulation of physician orders, dated for November 2012, indicated the resident self-administered her medications.</p> <p>In interview with the Wellness Director on 11-1-12 at 3:38 p.m., she indicated she could not locate any physician orders for Resident #29's Apidra for the sliding scale on the recapitulation orders. In interview with the Wellness Director on 11-2-12 at 10:36 a.m., she indicated Resident #29's attending physician was in the facility the previous evening. She indicated, "I sat down with him and the hospice nurse and clarified all of her orders with both of them and with [name of Resident #29], too."</p> <p>Review of the physician orders indicated an order, dated 11-1-12, but untimed, to discontinue the sliding scale for the resident's insulin.</p> <p>In interview with Resident #29 on 11-2-12 at 10:10 a.m., she indicated, "I haven't had to use my sliding scale insulin for a long time. [Name of physician] stopped it when he was here yesterday."</p>						

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