

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155780	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/05/2013
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NAME OF PROVIDER OR SUPPLIER  MADISON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7465 MADISON AVE INDIANAPOLIS, IN 46227
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F000000	<p>This visit was for the Investigation of Complaints IN00135093 and IN00133276.</p> <p>Complaint IN00135093 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00133276 Substantiated. Federal/state deficiencies related to the allegations are cited at F282 and F315.</p> <p>Survey dates: September 3, 4, &amp; 5, 2013</p> <p>Facility number: 012225 Provider number: 155780 AIM number: 200983560</p> <p>Survey team: Susan Worsham, RN-TC</p> <p>Census bed type: SNF: 20 SNF/NF: 60 Total: 80</p> <p>Census payor type: Medicare: 16 Medicaid: 47 Other: 17 Total: 80</p>	F000000		

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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	<p>Sample: 08</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 13, 2013; by Kimberly Perigo, RN.</p>			

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F000282 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 interview and record review, the facility failed to ensure antibiotic medication for the treatment of a urinary tract infection were administered as indicated by physicians orders, in order to provide prompt treatment for a urinary tract infections for 1 of 4 residents reviewed with urinary tract infection, in the sample of 8. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 9/4/13 at 9:40 a.m. The most recent Minimum Data Set Assessment dated 7/12/13, indicated Resident #A had cognitive impairment with a score of 09.</p> <p>Resident #A's diagnoses include, but are not limited to atrial fibrillation, anemia, Parkinson's, and paralysis agitans.</p> <p>Nurses notes dated 5-1-13, indicated after a fall, an order for an in and out catheter urine specimen was to be obtained. Specimen was obtained</p>	F000282	<p>F282-D-483.20(k)(3)(ii) -SERVICES BY QUALIFIED PERSONS/PER CARE PLAN I. Resident #A was promptly reassessed and no untoward physical findings were identified as a result of medication error.II. Policies entitled "WILLIAMS BROTHERS HOURS AND DELIVERY POLICY", and 'EMERGENCY PHARMACY SERVICE AND EMERGENCY KITS POLICY' were reviewed and found to be sufficient. All licensed nursing staff was re-educated on these policies and practices on 9/4/13 and 9/5/13. III. In addition to the process noted above, the Director of Nursing/designee will monitor and review all physician orders for completion and correct implementation of those orders. DON/designee will audit all new physician orders daily x 2 weeks, weekly x 4 weeks then monthly for 4 months for completion and adherence to facility policies. Results of those audits will be reported on monthly at QA committee until compliance obtained, then reviewed quarterly thereafter.</p>	09/23/2013

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	<p>and sent to lab with results indicating the urine specimen had a suspected infection and results were faxed to the MD (Medical Doctor) at 6 p.m. on 5-1-13.</p> <p>Interview with the DON on 9/4/13 at 4:15 p.m., indicated the MD does not like to administer antibiotics until a culture result has been received. Date of lab collection reviewed indicated the date of collection was 5-1-13, faxed to MD 5-2-13 at 12:15 p.m. and 12:30 p.m. A Third copy of Resident #A's urinalysis results dated 5-1-13, was faxed to the MD on 5/15/13 at 12:00 a.m., with MD signature dated 5/21/13. Culture and Sensitivity urine lab report printed 5/3/13 and faxed on 5/15/13 at 12 a.m., indicated Proteus mirabilis (urinary tract infection). Based on the results a MD order was received for Septra DS (antibiotic for the treatment of infection) one by mouth twice a day times 7 days.</p> <p>Physician orders reviewed indicated on 5/15/13 an order to start Septra DS one by mouth twice a day for 7 days was received. Review of physicians order dated 5/20/13, indicated an order clarification of an, "OK" to start Septra on 5/17/13/ (5/18/13 was crossed out).</p>			

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	<p>MAR (Medication Administration Record) dated 5/01/13 through 5/31/13, indicated Septra DS was to be administered at 9 a.m., and 5 p.m., starting 5/15/13. Review of EDK (Emergency Drug Kit) replacement forms indicated a medication start date of 5/19/13. This was 4 days after the MD start date order</p> <p>Interview with William Brother Pharmacy Pharmacist on 9/4/13 at 11:44 a.m. indicated the Septra DS order was written on 5/15/13, received fax on 5/20/13, and indicated the pharmacy had slips indicating the medication was removed from the EDK on 5/19/13. The Pharmacist indicated the remaining prescription was delivered on 5/20/13, between 8 a.m. and 6:30 p.m.</p> <p>Interview with the DON on 9/4/13 at 4:15 p.m., indicated if an order was received in the morning, it is faxed to the pharmacy, and the pharmacy sends it the same day. The DON indicated that in reference to the ED, the nurse should have gone into the EDK and started the medication when ordered. The DON indicated the MD's at the facility wait until they receive</p>			

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	<p>the culture report before treating. The DON further indicated the nurses fax the labs, but do not do a follow up phone call due to the MD office using an automated system to divert calls to different areas of concern. DON indicated an inservice regarding faxing of orders would be held immediately.</p> <p>Policy and Procedure related to test results received from the DON on 9/4/13 at 1:00 p.m., included when the test results are provided to the facility, the Attending Physician shall be promptly notified of the results. The DON or charge nurse receiving the test results, shall be responsible for notifying the Physician of such test results.</p> <p>Facility Guidelines policy for Preparation and General Guidelines, Section 38: left on desk on 9/3/13 at 11:05 a.m., (no date on policy) indicated under section B (Administration) medications are administered in accordance with written orders of the attending physician. Under section C (documentation). #6 indicated ... or a starter dose of antibiotics is need, the space provided on the front of the MAR for that dosage administration is initialed and circled. An explanatory</p>			

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	<p>note is entered on the reverse side of the record provided for PRN (whenever necessary) documentation. Review of the backside of Resident #A's MAR, was blank.</p> <p>This Federal tag relates to Complaint IN00133276.</p> <p>3.1-35(g)(2)</p>			

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F000315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on interview and record review, the facility failed to ensure that urinalysis results were sent to the physician promptly, in order to provide prompt treatment for a urinary tract infection for 1 out of 4 residents reviewed with urinary tract infection, in the sample of 8. (Resident # A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 9/4/13 at 9:40 a.m. The most recent Minimum Data Set Assessment dated 7/12/13, indicated Resident #A had cognitive impairment, with a score of 09.</p> <p>Resident #A's diagnoses include, but are not limited to atrial fibrillation, anemia, Parkinson's, and paralysis agitans.</p>	F000315	<p>F315-483.25(d)-NO CATHETER, PREVENT UTI, RESTORE BLADDER I.</p> <p>Resident #A was promptly reassessed and no untoward physical findings were identified as a result of medication error.II. All residents have the potential to be affected, a full audit of all resident MARS noted no additional residents were affected.III. Policies entitled "CHANGE IN A RESIDENT'S CONDITION OR STATUS" was reviewed and found to be sufficient. All licensed nursing staff was re-educated on these policies and practices on 9/4/13 and 9/5/13. IV. In addition to the process noted above, the Director of Nursing/designee will monitor and review all resident lab results received and physician orders for completion and correct implementation of those orders. DON/designee will audit all new resident lab results daily x 2</p>	09/23/2013

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	<p>Nurses notes dated 5-1-13, indicated after a fall, an order for an in and out catheter urine specimen was to be obtained. Specimen was obtained and sent to lab with results indicating the urine specimen had a suspected infection and results were faxed to the MD (Medical Doctor) at 6 p.m. 5-1-13.</p> <p>Interview with the DON on 9/4/13 at 4:15 p.m., indicated the MD does not like to administer antibiotics until a culture result has been received. Date of lab collection reviewed indicated the date of collection was 5-1-13, faxed to MD 5-2-13 at 12:15 p.m. and 12:30 p.m. A Third copy of Resident #A's urinalysis results dated 5-1-13, was faxed to MD on 5/15/13 at 12:00 a.m., with MD signature dated 5/21/13. Culture and Sensitivity results, which indicated Proteus mirabilis (urinary tract infection) printed 5/3/13 and faxed on 5/15/13 at 12 a.m., indicated an order was received for Septra DS (antibiotic for treatment of urinary tract infection) one by mouth twice a day times 7 days.</p> <p>Physician orders reviewed indicated on 5/15/13, an order to start Septra DS one by mouth twice a day for 7 days was received. Review of</p>		<p>weeks, weekly x 4 weeks then monthly for 4 months for completion and adherence to facility policies. Results of those audits will be reported on monthly at QA committee until compliance obtained, then reviewed quarterly thereafter.</p>		

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	<p>physician's order dated 5/20/13, indicated an order clarification of an, "OK" to start Septra on 5/17/13/ (5/18/13 was crossed out).</p> <p>MAR (Medication Administration Record) dated 5/01/13 through 5/31/13, indicated Septra DS was to be administered at 9 a.m., and 5 p.m., starting 5/15/13. Review of the MAR indicated Septra was not started until 5/19/13. and only 2 doses were indicated to have been removed from the EDK (emergency drug kit), which indicated antibiotic was started 16 days after the Culture and Sensitivity report and 4 days after physician order.</p> <p>Interview with William Brother Pharmacy Pharmacist on 9/4/13 at 11:44 a.m., indicated the Septra DS order was written on 5/15/ 13, received fax on 5/20/13, and indicated the pharmacy had slips indicating the medication was removed from the EDK on 5/19/13. The Pharmacist indicated the remaining prescription was delivered on 5/20/13 between 8 a.m., and 6:30 p.m.</p> <p>Interview with the DON on 9/4/13 at 4:15 p.m., indicated if an order was received in the morning, it is faxed to</p>			

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	<p>the pharmacy, and the pharmacy sends it the same day. The DON indicated that in reference to the EDK, the nurse should have gone into the EDK and started the medication when ordered. The DON indicated the MD's at the facility wait until they receive the culture report before treating. The DON further indicated the nurses fax the labs, but do not do a follow up phone call due to the MD office using an automated system to divert calls to different areas of concern. The DON indicated an inservice regarding faxing of orders would be held immediately.</p> <p>Policy and Procedure related to test results received from DON on 9/4/13 at 1:00 p.m., included when the test results are provided to the facility, the Attending Physician shall be promptly notified of the results . The DON or charge nurse receiving the test results, shall be responsible for notifying the Physician of such test results.</p> <p>Facility Guidelines policy for Preparation and General Guidelines, Section 38: left on desk on 9/3/13 at 11:05 a.m., (no date on policy) indicated under section B (Administration) medications are administered in accordance with</p>			

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	<p>written orders of the attending physician. Under section C (documentation). #6 indicated ..... or a starter dose of antibiotics is need, the space provided on the front of the MAR for that dosage administration is initialed and circled. An explanatory note is entered on the reverse side of the record provided for PRN (whenever necessary) documentation. Review of the backside of Resident #A's MAR, was blank.</p> <p>This Federal tag relates to Complaint IN00133276.</p> <p>3.1-41(a)(2)</p>			