

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155736	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/18/2013
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NAME OF PROVIDER OR SUPPLIER MILL POND HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1014 MILL POND LN GREENCASTLE, IN 46135
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F000000	<p>This visit is for a Recertification and State Licensure Survey.</p> <p>Survey Dates: December 12, 13, 16, 17, & 18, 2013</p> <p>Facility Number: 004550 Provider Number: 155736 AIM Number: 200526450</p> <p>Survey Team: Mary Weyls RN TC Teresa Buske RN Laura Brashear RN Karen Hartman RN</p> <p>Census Bed Type: SNF/NF: 23 SNF: 20 Residential: 39 Total: 82</p> <p>Census Payor Type: Medicare: 20 Medicaid: 19 Other: 43 Total: 82</p> <p>This Deficiency also reflects Sate Findings in accordance with 410 IAC 16.2</p> <p>Quality review completed 12/20/2013</p>	F000000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the annual Recertification and State Licensure Survey (ID MDFU11) on December 18, 2013. Please accept this plan of correction as the provider's compliance. The provider respectfully requests a desk review with paper compicance to be considred in establishing that the provider is in substantial compliance.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiencystatement ending with an asterisk (*) denotes a defecency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	by Brenda Marshall Nunan, RN.				

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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 observation, interview, and record the facility failed to follow a physician's order for fluid restriction for 1 of 1 resident receiving fluid restriction. (Resident #92)</p> <p>Finding include:</p> <p>1. On 12/17/13 at 12 p.m., Resident #92 was observed to be eating in the dining room. The resident was noted to have 240 milliliters of water and 240 milliliters of ice tea during meal.</p> <p>Upon review of the resident's meal ticket on 12/17/13 at 12 p.m., documentation was noted of "no bananas, oranges, oj [orange juice], melon, prunes, soup beans, non boiled pot [potatoes], swt pot [sweet potatoes], tomato- Regular CCHO [consistent carbohydrate, 2 gm [gram] Na [sodium]." Documentation reflecting 1500 ml [milliliter] of fluid restriction was lacking.</p> <p>Upon review of the clinical record of Resident #92 on 12/18/13, a physician's order dated 9/2/13 was</p>	F000282	<p>1500CC fluid restriction added to Resident #92 tray card per dietary manager. Tray card will show established breakdown of fluids per meal for Resident #92. 1500CC fluid restriction breadown added to Medication Administration Record per shift for Resdient #92 and Resident Profile in Care Tracker system. Recording all fluid intake for Resdient #92 in Care Tracker system (electronic charting system). Daily fluid intakes will be monitored daily during clinical meeting for Resident #92 per Clinical Management team to ensure adequate fluids. Any resident with a physician order for a fluid restriction, dietary manager will place on tray the fluid restriction and breakdown of fluids by meal. Any resident with a fluid restriction will have breakdown of fluids transcribed on Medication Administration Record per nurse transcribing order. Any resident fluid intake will be documented in Care Traker and monitored during daily Clinical meeting per Nursing Management Team. To ensure that the practice does not reoccur fluid intake will be monitored daily for those</p>	01/17/2014			

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	<p>noted of "...1500 cc [cubic centimeters] fluid restriction: 240 cc c [with] each meal, 600 cc 6 a-6 p (including med pass) [and] 180 cc 6p-6a (including med pass)..." Upon review of the current physician order sheet dated December 2013, the physician's order of 1500 cc [cubic centimeters] fluid restriction was noted with the specific amounts to be provided at meal times, and during each shift; however, documentation to indicate the plan was followed was lacking. The resident's diagnoses included, but were not limited end stage renal disease, dialysis, and fluid overload.</p> <p>The resident's current plan of care dated 9/10/13 addressed the 1500 cc fluid restriction; however, the specific amounts to be provided at meal times, and during each shift was lacking.</p> <p>Upon review of the resident's intake records from 12/4/13 to 12/17/13 the following total amounts for daily consumption were recorded: 12/4/13- 240 cc [cubic centimeters]; 12/5/13 - 2280 cc; 12/6/13- 1120 cc; 12/7/13- 1320 cc; 12/8/13- 720 cc; 12/9/13- 900 cc; 12/10/13- 1920 cc; 12/11/13- 1680 cc; 12/12/13- 1560 cc; 12/13/13- 480 cc; 12/14/13- 2520 cc; 12/15/13-</p>		<p>residents on fluid restriction in Clinical meeting per Nursing Management team. Nursing and Dietary Staff will be educated on Guidelines for Fluid Restrictions by Janauary 17, 2014, Unit Manager will extract and evaluate fluid intake report from Caretracker System for all residents on fluid restriction 2xwkx4wks, then, 1xwkx4wks and then 1x monthx4months. All audit results will be reported monthly at QA meeting x 6 months. Systematic changes will be completed by January 17, 2014.</p>	

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	<p>1080 cc; 12/16/13-1200 cc; and 12/17/13-1440 cc.</p> <p>Upon review of the facility's current policy and procedure, titled "Guidelines for Fluid Restriction," dated 5/12 on 12/18/13, documentation was noted of "...Purpose: To ensure fluids are provided within the physician order guidelines. Procedure: 1. Upon receipt of a physician's order for fluid restriction the Director of Health Services and Director of Food Services shall be notified of the order. 2. Intake and Output monitoring shall be initiated upon receipt of the order. 3. The Director of Health Services and Director of Food Services shall collaborate to establish preferences and needs by department and shift. 4. The Dietary Department shall record established breakdown by meal on tray card. 5. The Nursing Department shall record established breakdown by shift on the Medication Administration Record and/or in the CareTracker system. 6...7. Fluid consumption shall be reviewed by shift to determine adjustments necessary in the fluid intake of the resident on the restriction in order to meet their established fluid needs.</p> <p>Upon interview of Resident #92 on</p>			

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	<p>12/16/13 at 3:09 p.m., the resident indicated she was on fluid restriction. The resident stated it was difficult at times due to the fluid restriction. The resident also stated she did not have fluids during the night time.</p> <p>Upon interview of the dietary manager on 12/18/13 at 1:05 p.m., the dietary manager indicated she was unaware of the resident's 1500 cc fluid restriction.</p> <p>Upon interview of the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) on 12/18/13 at 3 p.m., the DON and the ADON indicated the resident's specific physician's order had not been followed, and as a result it had not been ensured the resident received at least the allowed amount and/or above the allotted amount. The ADON indicated the specifics of the physician order for the 1500 cc fluid restriction was not recorded on the Medication Administration Record.</p> <p>3.1-35(g)(2)</p>				