

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155566	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/28/2014
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NAME OF PROVIDER OR SUPPLIER  WARSAW MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 300 E PRAIRIE ST WARSAW, IN 46580
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F000000	<p>This visit was for the Investigation of Complaint IN00147786.</p> <p>Complaint number IN00147786-Substantiated. Federal deficiencies are cited at F328 and F514.</p> <p>Survey date: April 28, 2014</p> <p>Facility number:000359 Provider number:155566 AIM number:100274920</p> <p>Survey team: Christine Fodrea, RN, TC</p> <p>Census bed type: SNF: 8 NF:54 Total:62</p> <p>Census payor type: Medicare:7 Medicaid:49 Other:6 Total:62</p> <p>Sample:3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 29, 2014, by Brenda Meredith, R.N. 483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents</p>	F000000	<p>This plan of correction is to serve as Warsaw Meadows Care Center's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Warsaw Meadows Care Center or its' management company that the allegations contained in this survey report are a true and accurate portrayal of the provisions of nursing care and other services in this facility. Nor does this submission constitute agreement or admission of the survey allegations.</p> <p>We are respectfully requesting we be considered for a paper compliance resolution to this survey event.</p>	
F000328 SS=D				

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>receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on interview and record review, the facility failed to complete consistent respiratory assessments for 2 of 3 residents reviewed for receiving treatment for pneumonia in a sample of 3. (Resident #S and Resident #T)</p> <p>Findings include:</p> <p>1. Resident #S's record was reviewed 4-28-2014 at 1:09 PM. Resident #S's diagnoses included, but were not limited to, high blood pressure, dementia, and diabetes.</p> <p>A physician's order, dated 3-27-2014, indicated to give Resident #S Augmentin (an antibiotic) 875 milligrams (mg) two times per day for 7 days, due to pneumonia.</p> <p>A physician's progress note, dated 3-25-2014, indicated Resident #S had a cough, shortness of breath, and oxygen saturations of 83% (normal is 90% or above) according to the nursing staff reports.</p> <p>A review of Nurse's notes, dated 3-24-2014 through 3-27-2014, did not indicate Resident #S had a cough or the character of his lung sounds.</p>	F000328	<p>F328 483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS It is the policy of Warsaw Meadows Care Center that residents receive proper treatment and care for the following special services: injections; parenteral and enteral fluids,; colostomy, ureterostomy, or ileostomy care; tracheostomy care; tracheal suctioning; respiratory care; foot care; and prostheses. I. Resident #S received a physicians order and began an antibiotic, augmentin, on 3-27-14 due to pneumonia. Nurses notes dated 3-24-14 through 3-27-14 did not indicate resident had a cough or character of lung sounds. Nurses notes dated 3-30-17 did not indicate if resident had a cough or not. Nurses notes dated 3-31-14 did not indicate character of lung sounds. Resident #T received a physicians order and began an antibiotic, levaquin, on 4-1-14 for right lung infiltrate. Nurses notes dated 4-1-14 indicated the resident started an antibiotic but did not indicate residents lungs sounds or if a cough present.</p>	05/08/2014

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	<p>A review of Nurse's notes, dated 3-30-2014 through 4-2-2014, did not indicate if Resident #S had a cough or not.</p> <p>A review of nurse's notes, dated 3-31-2014 at 12 AM, 1 AM, 3 AM, 4 AM, and 11 PM, indicated Resident #S was lethargic, and blood sugars were labile, but did not indicate Resident #S's character of respirations or lung sounds.</p> <p>2. Resident # T's record was reviewed 4-28-2014 at 10:50 AM. Resident #T's diagnoses included, but were not limited to, high blood pressure, diabetes, and dementia.</p> <p>A physician's order, dated 4-1-2014, indicated Resident #T was to receive Levaquin (an antibiotic) 500 mg daily for 7 days for right lung infiltrate.</p> <p>A physician's progress note, dated 4-8-2014, indicated Resident #T had been started on Levaquin for pneumonia, and the pneumonia was now resolved. The note further indicated the resident was not having a cough at that time.</p> <p>A nurse's note, dated 4-1-2014, indicated Resident #T had been started on an antibiotic for right lung infiltrates, but there was no description of lung sounds, nor any indication if the resident had a cough or not.</p> <p>A nurse's note, dated 4-2-2014, indicated Resident #T continued on an antibiotic for pneumonia, but did not include any assessment of breath sounds or if the resident had a cough or not.</p> <p>In an interview on 4-28-2014 at 1:39 PM, the</p>		<p>Nurses notes 4-2-14 did not indicate resident had a cough or character of lung sounds. II. This alleged deficiency could affect any resident that is ordered an antibiotic for pneumonia. All current residents were reviewed on 5/4/14 for any other instances of this alleged deficiency with no findings. III. An in-service was initiated by the director of nursing on 5-4-14 to train nursing personnel on the continuation of the previous policy to assess resident's respiratory status that are on an antibiotic for a respiratory infection. IV. Orders are reviewed and discussed every morning in the interdisciplinary Morning Meeting including those for residents on antibiotic therapy. The Director of Nursing will ensure the follow up documentation is completed and disciplinary actions may result from failure to document on follow up assessments. The Director of Nursing will keep an audit form of residents on antibiotics and be included in the Quality Assurance Meetings (QA) held quarterly. This audit form will be completed five days a week for four weeks and the results presented at QA. This practice will continue every month until there is 100% compliance with the documentation process. V. Date of compliance 5/8/14</p>				

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F000514 SS=D	<p>Director of Nursing indicated if the resident was on an antibiotic for a respiratory infection, then breath sounds should have been charted at least daily.</p> <p>This Federal tag relates to Complaint IN000147786.</p> <p>3.1-47(a)(6) 483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCES SIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to document insulin given for 1 of 3 residents reviewed for insulin documentation. (Resident #T) The facility further failed to document refusal of treatment for 1 of 3 residents reviewed for treatment documentation in a sample of 3. (Resident #U)</p> <p>Findings include:</p> <p>1. Resident #T's record was reviewed 4-28-2014 at 10:50 AM. Resident #T's</p>	F000514	F514 483.75(l)(1) RECORDS-COMPLETE/ACCURATE/ACCES SIBLE It is the policy of Warsaw Meadows Care Center that clinical records on each resident be maintained in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systemically organized. I. Resident #T has a physicians order to give 6 units of novolog coverage for accucheck results between 261-300. The Medication Administration Record (MAR) dated 4-11-14 at 6pm and	05/08/2014			

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	<p>diagnoses included, but were not limited to, high blood pressure, diabetes, and dementia.</p> <p>A review of Medication Administration Record (MAR), dated April 2014, indicated under accucheck (a test for blood sugar) QID (4 times per day), results on 4-11-14 at 6 PM were 268, and results at 8 PM were 287.</p> <p>A physician's order, dated 1-30-2011, indicated to give sliding scale insulin, Novolog, coverage for accucheck for results between 261-300, give 6 units.</p> <p>The MAR, dated 4-2014, indicated there was no coverage given on 4-11-2014 for the 6 PM and 8 PM accucheck results.</p> <p>A daily nursing report, dated 4-11-2014, indicated the insulin had been given according to the sliding scale.</p> <p>In an interview on 4-28-2014 at 1:40 PM, LPN #1 indicated the insulin should have been charted on the MAR.</p> <p>A policy, dated 8-08, provided by the ADON on 4-28-2014 at 11:50 AM, indicated to documented type and amount of insulin given on the MAR.</p> <p>2. Resident #U's record was reviewed 4-28-2014 at 1:50 PM. Resident #U's diagnoses included, but were not limited to, dementia, high blood pressure, and seizures.</p> <p>A physician's order, dated 3-10-2014, indicated to check Resident #U's blood pressure daily in the morning and in the evening.</p> <p>A review of Resident #U's MAR, dated</p>		<p>8pm indicated the accucheck results were 268; 287. The MAR dated 4-11-14 at 6pm and 8pm indicate there was no coverage given for the 6pm and 8pm accucheck results. Resident U has a physicians order dated 3-10-14 that indicates to check Resident #U blood pressure daily in the morning and in the evening. On 4-5-14 and 4-20-14 the MAR nurse signatures were circled with no indication on the back of the MAR or in the nurses notes as to why. II. This alleged deficiency could affect any resident that has an order for sliding scale coverage or resident that refuses blood pressures. All residents currently receiving accucheck monitoring were audited on 5/4/14 with no additional findings of circled items without explanation. III. An in-service was initiated by the director of nursing on 5-4-14 to train nursing personnel on the continuation of the previous policy to provide appropriate and accurate documentation. IV. The Director of Nursing will ensure the MAR documentation is completed with sliding scale coverage and indicate why something was held or not given on the back of the MAR. Disciplinary actions may result from failure to document. The Director of Nursing will keep an audit form of residents on sliding scale coverage and 10% of the residents MARS will be audited</p>	

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	<p>4-2014, indicated on 4-5-2014 and 4-20-2014, the nurse's initials are circled for the morning check. The MAR further indicated nurse's initials were circled on 4-13-2014 for the evening check. there was no indication on the back of the form why the blood pressure checks had not been completed.</p> <p>A review of Nurse's notes, dated 4-5, 4-13 and 4-20-2014, did not indicate why the blood pressure checks had not been completed.</p> <p>In an interview on 4-28-2014 at 1:40 PM, LPN #1 indicated Resident #U had refused blood pressure checks, but the checks should have been charted on the MAR.</p> <p>This Federal tag relates to Complaint IN00147786.</p> <p>3.1-50(a)(2)</p>		<p>for refusals of blood pressures. The said audits will be included in the Quality Assurance Meetings (QA) held quarterly. This audit form will be completed five days a week for four weeks and the results presented at QA. This practice will continue every month until there is 100% compliance with the documentation process.</p> <p>V. Date of compliance 5/8/14.</p>	