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
	155400		09/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY VILLAGE	4600 E JACKSON ST MUNCIE, IN 47303

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00181180 and IN00181401. Complaint IN00181180 - Unsubstantiated due to lack of evidence. Complaint IN00181401 - Substantiated. Federal/State deficiency related to the allegation is cited at F157. Survey dates: September 10 and 11, 2015 Facililty number: 000269 Provider number: 155400 AIM number: 100267720 Census bed type: SNF: 2 NF: 66 Total: 68 Census Payor type: Medicare: 2 Medicaid: 59 Other: 7 Total: 68 Sample: 5 This deficiency reflects State findings	F 0000	Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency 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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	cited in accordance with 410 IAC 16.2-3.1. QR completed by 11474 on September 16, 2015.			
F 0157 SS=D Bldg. 00	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of			

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	the resident's legal representative or interested family member. Based on record review and interview, the facility failed to ensure the physician was notified of critical lab values for 1 of 3 residents reviewed for physician notification. (Resident B) Findings include: The clinical record for Resident B was reviewed on 9/10/15 at 9:30 a.m. The diagnoses for Resident B included, but were not limited to, hypertension, bipolar, depression, anxiety, diabetes, cerebrovascular accident and chronic kidney disease stage 3. Review of the laboratory results, dated 7/8/15, indicated Resident B had a critical BUN (Blood urea nitrogen) value of 130 mg/dL (milligrams per deciliter) and marked "critical" by the laboratory. The normal result should have been 10 - 20 mg/dL. The laboratory results were initialed by the facility Nurse Practitioner. Previous BUN results, dated 6/25/15 and 6/28/15, were 64 mg/dL and 68 mg/dL respectively. Review of the nursing notes, dated 7/8/15 through 7/10/15, indicated Resident B had increased confusion. The clinical record lacked any documentation that the resident's family or physician had been	F 0157	Resident B no longer resides at the facility. All other residents have the potential to be affected. Their clinical records have been reviewed and the MD and POA has been updated if indicated. The facility's policy for Lab Orders (See Attachment A)has been reviewed and no changes are indicated at this time. The nurses have been re-educated on notifying the MD with a special focus on calling the primary MD to inform of critical lab results (See Attachment B). A Nurses Notes Review monitoring form has been implemented (See Attachment C). The DON or designee will be responsible for completing the Nurses Notes Review monitoring form daily on scheduled work days on an ongoing basis for a minimum of six months to ensure the MD is notified of critical labs and condition changes. Should a concern be found, immediate corrective action will occur. Results of these reviews and any corrective action will be discussed during the facility's quarterly review meetings and the plan adjusted accordingly.	09/21/2015

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	notified of the critical lab value. Review of Resident B's care plan, dated 1/25/15 and last updated on 7/16/15, titled "Renal Failure" indicated the resident was at risk for edema, increased confusion and fatigue due to high BUN and creatinine levels. The goal was the resident would have no complications through the next review. Interventions included, but were not limited to, "monitor labs as ordered and monitor for increased confusion and notify the physician and responsible party as needed." Review of Resident B's care plan, dated 7/1/15 and last updated on 7/16/15, titled "Dehydration" indicated the resident was at risk for exhibiting signs and symptoms of dehydration due to abnormal lab values. The goal was the resident would be free from signs and symptoms of dehydration through the next review. Interventions included, but were not limited to, "observe for signs and symptoms of dehydration such as dry mouth, poor skin turgor, furrowed tongue, decreased urinary output and elevated BUN; monitor labs as ordered; report any noted signs and symptoms to the charge nurse for further evaluation and possible MD and responsible party notification."			

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	During an interview with Resident B's primary care physician on 9/10/15 at 12:10 p.m., the physician indicated he had not been notified of Resident B's critical lab value. During an interview on 9/10/15 at 1:30 p.m., the Administrator and the Corporate Nurse Consultant indicated the critical lab value had been reviewed by the facility Nurse Practitioner. A progress note by the Nurse practitioner was requested but was not provided. During an interview on 9/10/15 at 1:45 p.m., the Administrator indicated the Nurse Practitioner worked for the facility and not the primary care physician for Resident B. During an interview on 9/11/15 at 11:40 a.m., LPN #1 indicated the following: "Here we notify the doctor. A lot of times it's the Nurse Practitioner [name of nurse practitioner] if she is the one available, we call her. If the resident isn't her patient, then we would call their physician. But we are always supposed to call. This is for any abnormal lab." During an interview on 9//11/15 at 11:44 a.m., LPN #2 indicated the following: "I call the doctor if they are critical, if they			

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	are high. If they are low, I still call the doctor. If they are in range and I know the doctor or the Nurse Practitioner will be in that day or the next day, I'll put it in their folder. If it is a doctor other than the facility doctor, I will fax it and date and initial and put 'MD aware'. If the lab value is critical I will call the doctor. If I need to I follow up with it." During an interview on 9/11/15 at 11:47 a.m., LPN #3 indicated the following: "Abnormals get called right away. We do have a couple of residents who have a different doctor other than our medical director. I would call the office and let them know I am faxing it." Review of a current policy, dated 10/2014, titled "Notification of Change" provided by the Assistant Director of Nursing (ADON) on 9/10/15 at 12:09 p.m., indicated the following: "Purpose: To keep resident, legal representative (or interested family member), and physician (when applicable) aware of changes which directly affect the care and welfare of the resident. Policy: Facility personnel shall immediately inform resident,, consult with resident's physician; and, if known, notify the resident's legal representative or an interested family member when there is: ...a need to alter treatment			

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	significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)... Relative to all types of notification: ... All "attempted" notification(s), as well as successful notification(s) of physician(s) and family member(s)/legal representative are to be documented in the clinical record." Review of a current policy, dated 10/2014, titled "Laboratory Orders, Results" provided by the ADON on 9/10/15 at 12:09 p.m., indicated the following: "Purpose: To ensure the laboratory tests ordered by the physician are drawn and results received by the facility and reported to the attending physician. Policy: The facility shall maintain a system by which all laboratory tests ordered are tracked to ensure timely receipt of results and timely reporting to the applicable physician. Procedure:... 6. The facility shall then be responsible to forward the results to the applicable physician. If the result is "critical", the result must be verbally reported to the physician immediately... 8. Verification of physician notification shall be maintained per the tracking log. Verification shall be as follows:...if the			

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	result is critical, the immediate verbal reporting of the result and response of the physician shall be documented in the clinical record." This Federal tag relates to Complaint IN00181401. 3.1-5(a)(3)			