

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155208	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/25/2012
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NAME OF PROVIDER OR SUPPLIER  HANOVER NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 410 W LAGRANGE RD HANOVER, IN 47243
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R0000	<p>This visit was for the Investigation of Complaint IN00111751.</p> <p>Complaint IN00111751 Substantiated - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: July 24, 25, 2012</p> <p>Facility number: 000115 Provider number: 155208 AIM number: 100291080</p> <p>Survey team: Donna Groan RN, TC Gloria Reisert, MSW</p> <p>Census bed type: SNF/NF 63 Residential: 08 Total: 71</p> <p>Census payor type: Medicare: 2 Medicaid: 57 Other: 12 Total: 71</p> <p>Residential sample: 03</p>	R0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law.</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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	This state finding is cited in accordance with 410 IAC 16.2				

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R0297	<p>410 IAC 16.2-5-6(c)(1) Pharmaceutical Services - Noncompliance (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana.</p> <p>Based on record review and interview, the facility failed to ensure ordered medications were provided as ordered for 1 of 1 resident whose closed record was reviewed in a sample of 3 residents reviewed with Medication orders. (Resident A)</p> <p>Finding includes:</p> <p>The closed clinical record for Resident A was reviewed on 7/24/12 at 1:15 p.m. The resident's diagnoses included, but were not limited to dementia. Resident A had been out to the [named] hospital from May 21, 2012 thru May 29, 2012. Resident A returned to the facility on May 29, 2012 at 9:40 p.m. The physician, orders verified on 5/29/12, included, but was not limited to: Razadyne ( for dementia) 4 mg (milligram) po (by mouth) BID (two x a day), Depakote (mood enhancer) 125 mg po TID (three times a day) and Namenda (for dementia) 5 mg po BID.</p>	R0297	<p>1. Resident A was not harmed. He no longer resides at the facility.2. All residents have the potential to be affected. Physician orders and MAR's for all residents were audited to ensure accuracy. See below for corrective measures.3. Staff completing re-writes for the licensed residential unit were re-educated on completion of End of the Month Re-writes. The DON or her designee will randomly audit end of month re-writes for 5 residents monthly for 3 months, then 5 residents a quarter for 3 quarters on-going until compliance is achieved.4. The findings of these audits will be reviewed by the facility administrator on a quarterly basis to ensure on-going compliance.</p>	08/03/2012			

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	<p>The (MAR) Medication Administration Record, dated May 2012, included, but was not limited to: Razadyne ( for dementia) 4 mg (milligram) po (by mouth) BID (two x a day), Depakote (mood enhancer) 125 mg po TID (three times a day) and Namenda (for dementia) 5 mg po BID. The medications were marked on the MAR as being given on May 30 and 31.</p> <p>Review of the June 2012 MAR lacked the following medications: Razadyne 4 mg po BID, Depakote 125 mg po TID, and Namenda 5mg po BID. In interview with the DON (Director of Nursing) on 7/25/12 at 10:05 a.m., she reviewed the June 2012 MAR, at this time, and indicated staff did not recopy the medications on the MAR and it was a clerical error. She went through the closed record to see, if the ordered medication was on another sheet. She and the Corporate Nurse were unable to locate another medication form, which would indicate Resident A received the ordered medication on June 1, 2012.</p> <p>The date of June 2nd, on the MAR indicated the resident was out on a Leave of Absence returned to the facility at 11 a.m. and was discharged after lunch.</p> <p>On 7/25/12 at 10:20 a.m., the DON</p>			

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	provided the policy and procedure for "End of Month Physician's Order Review Procedure (Re-Writes) dated 9/05 which included, but was not limited to: "Purpose: To ensure that all new orders, changed orders and discontinued orders are correctly reflected on physician order rewrites. Procedure: 1. Compare new rewrite with previous rewrite and with all additional orders written since last rewrite signed by physician. 2. Add any new orders to the new rewrite. 5. Compare MAR for new month with new month's reviewed rewrites. Make corrections, additions, etc. (etcetera).			