

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155242	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/04/2013
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 N WALNUT ST MUNCIE, IN 47303
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F000000	<p>This visit was for the investigation of Complaint IN00137394.</p> <p>Complaint IN00137394 - Substantiated. Deficiency related to the allegation is cited at F329.</p> <p>Survey dates: October 3, 4, 2013</p> <p>Facility number: 000146 Provider number: 155242 AIM number: 100291200</p> <p>Surveyor: Ginger McNamee, RN-TC Karen Lewis, RN Tina Smith-Stats, RN</p> <p>Census bed type: SNF/NF: 130 Total: 130</p> <p>Census payor type: Medicare: 20 Medicaid: 100 Other: 10 Total: 130</p> <p>Sample: 7</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</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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	Quality review completed by Debora Barth, RN.				

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review, the facility failed to monitor the blood pressure for a medication which had parameters as to when the medication needed to be given for 1 of 3 residents for unnecessary medications. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 10/3/13 at 2:47 p.m.</p>	F000329	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. The order for the hydralazine for resident B was clarified. A blood pressure flow sheet was placed in the MAR	10/29/2013			

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	<p>Diagnoses for Resident #B included, but were not limited to, hypertension, diabetes, and multiple sclerosis.</p> <p>Current physician orders included the following:</p> <p>Hyalazine (a blood pressure medication) 25 milligrams (mg) 1 tablet by mouth every 8 hours as needed if systolic blood pressure greater than 150. The original date of this order was 8/12/13.</p> <p>Review of the August and September 2013, Medication Administration Records indicated the records lacked a blood pressure result having been documented for every 8 hours.</p> <p>Review of the nurses notes from 8/12/13 lacked a blood pressure result having been documented for every 8 hours.</p> <p>The resident should have had 147 blood pressure results from 8/13/13 to 9/30/13 documented to determine if the as needed blood pressure medication needed to be given to the resident. The resident's record had 107 blood pressure results documented. This resulted in 40 missed blood pressure results having been documented to determine the</p>		<p>for documentation of the every 8 hour blood pressures. Each resident's MAR was audited for blood pressure documentation according to the current physician orders. Each resident receiving a blood pressure medication had the potential to be affected by this practice. The licensed nursing staff will be re-educated on 10/23/13 on the unnecessary medications policy and procedure to include blood pressure monitoring related to physician order. The unit manager/designee will complete an audit daily to ensure that blood pressures are being taken as ordered for residents who are receiving blood pressure medications. The unit manager/designee will also audit other unnecessary medication issues during the course of this audit to ensure that all areas have been addressed. The audits will be forwarded to the DON for review. Further re-education will be provided as needed. The DON will forward the results of the audits to the monthly Quality Assurance Committee for further review and recommendation. The audits will continue daily for 30 days, twice weekly for 30 days, weekly for 30 days and then monthly for 3 months to ensure continued compliance.</p>		

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	<p>need for the as needed blood pressure medication.</p> <p>During an interview with LPN#1, on 10/4/13 at 1:50 p.m., additional information was requested related to the every 8 hour blood pressure results for Resident #B.</p> <p>During an interview with LPN#1, on 10/4/13 at 2:12 p.m., she indicated blood pressures for Resident #B were not obtained every 8 hours.</p> <p>This Federal tag relates to Complaint # IN00137394.</p> <p>3.1-48(b)(2)</p>						