

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155521	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/24/2014
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NAME OF PROVIDER OR SUPPLIER  ALEXANDRIA CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1912 S PARK AVE ALEXANDRIA, IN 46001
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00159050.</p> <p>Complaint IN00159050 - Substantiated with no deficiencies cited.</p> <p>Survey dates: November 17, 18, 19, 20, 21 and 24, 2014</p> <p>Facility number: 000518 Provider number: 155521 AIM number: 100266670</p> <p>Survey Team: Jason Mench, RN-TC Shelley Reed, RN (November 18, 19, 20, 21 and 24) Angela Selleck, RN</p> <p>Census bed type: SNF/NF: 59 Total: 59</p> <p>Census payor type: Medicare: 7 Medicaid: 47 Other: 5 Total: 59</p> <p>This deficiency also reflects state</p>	F000000		
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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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F000502 SS=D	<p>findings in accordance with 410 IAC 16.2.-3.1.</p> <p>Quality review completed by Debora Barth, RN.</p> <p>483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview, the facility failed to ensure labs were completed for 1 of 5 residents reviewed for lab results. (Resident #65)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #65 was reviewed on 11/20/14 at 10:29 a.m. Diagnoses for the resident included, but were not limited to, congestive heart failure (CHF), chronic obstructive pulmonary disorder, atrial fibrillation, hypertension, respiratory failure, oxygen dependent and acute renal failure.</p> <p>A Physician's order, dated 9/26/14, indicated an order for a "BNP (B-type Natriuretic Peptide) [used to determine heart failure and if it has worsened] &amp; CBC (Complete Blood Count) [on]</p>	F000502	Resident #65 did not experience any negative outcomes related to this alleged deficient practice. The POA and Physician were updated on the missing labs with no new orders given. All other residents have the potential to be affected. Their clinical records have been reviewed and if any labs were missed, the POA and Physician were contacted. If new orders were noted, the facility followed the orders as indicated. The facility's policy on Lab Orders-Timely Draws was reviewed and no changes was indicated at this time (See Attachment A). The nurses have been re-educated on the policy and carrying out lab orders (See Attachment B). A Lab Tracking Form (See Attachment C) and a Clinical Review form (See Attachment D) as been initiated. The ADON or designee will be responsible for completing	12/05/2014

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	<p>9-27-14 [for the diagnosis of] CHF [congestive heart failure]...."</p> <p>A review of the CHF health care plan, last reviewed on 11/13/14, indicated the following: Problem: "The resident has a diagnosis of CHF and is at risk for experiencing: edema, chest pain, abnormal lung sounds, SOB (shortness of breath), dizziness, changes in vital signs, etc..." The interventions included but were not limited to the following: "...Labs as ordered..."</p> <p>The review of the September 2014 "Medication Record" indicated with an initial of "M", the CBC lab was completed on 9/27/14.</p> <p>A review of the labs completed on 9/27/14 for Resident #65 indicated no lab results for a BNP or CBC.</p> <p>The review of the September 2014 "Lab Order Tracking Form" indicated lab tests BNP and CBC for Resident #65 were not added to the form to be completed.</p> <p>During an interview with the Director of Nursing (DON) on 11/21/14 at 11:44 a.m., she indicated the labs, BNP and CBC, for Resident #65 were not completed. The DON further indicated, when she spoke to the lab staff, they</p>		<p>the lab tracking form on all residents with lab orders on a continuous basis to ensure labs are being completed as ordered. The DON or designee will be responsible to spot check 5 clinical records per week for 3 months to ensure labs are done as ordered and complete the Clinical Review form. Should any concerns be noted, immediate corrective action will occur. The results of these reviews and any corrective actions will be discussed during the facility's quarterly QA meetings and the plan adjusted accordingly as indicated.</p>				

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	<p>indicated the labs a BNP and CBC scheduled for 9/27/14 were canceled. The DON indicated she was unable to find any documentation or a physician order for the cancellation of the labs.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 11/24/14 at 11:25 a.m., she indicated Resident #65 had multiple labs ordered in September but there were no labs being tracked in the September 2014 lab tracking log.</p> <p>2. A review of a policy titled "LABORATORY ORDERS, TIMELY DRAWS" dated 10/2014 provided by the DON on 11/21/14 at 1:32 p.m., indicated the following:</p> <p>"PURPOSE:</p> <p>Laboratory testing shall be conducted in a timely manner per physician's orders.</p> <p>POLICY:</p> <p>This facility shall ensure that physicians' orders requesting laboratory services to be rendered are followed as specified in the order.</p> <p>PROCEDURE:</p> <p>...2...Licensed personnel on duty will then</p>			

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	<p>be responsible to monitor and ensure the ordered lab is drawn..."</p> <p>3. A review of a policy titled "PHYSICIAN ORDERS", dated 10/2014, indicated the following:</p> <p>"...PROCEDURE:</p> <p>....5. Transcribe new order onto the MAR (Medication Administration Record) and TAR (Treatment Administration Record), as indicated. Ensure any follow through is completed..."</p> <p>3.1-49(a)</p>				