

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/11/2015
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NAME OF PROVIDER OR SUPPLIER LAMPLIGHT INN OF FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 E WASHINGTON BLVD FORT WAYNE, IN 46802
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00174464.</p> <p>Complaint IN00174464 Substantiated. State deficiencies related to the allegations are cited at R 0241 and R 0269.</p> <p>Survey dates: June 8, 9, 10, and 11, 2015</p> <p>Facility number: 012288 Provider number: 012288 AIM number: NA</p> <p>Census bed type: Residential: 120 Total: 120</p> <p>Census payor type: Medicaid: 89 Other: 31 Total: 120</p> <p>Sample: 5</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p>	R 0000		
R 0241	410 IAC 16.2-5-4(e)(1)			

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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Bldg. 00	<p>Health Services - Offense</p> <p>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on observation, interview, and record review, the facility failed to follow physician's orders for 2 of 4 residents reviewed for following physician's orders in a sample of 5. (Residents T and Q)</p> <p>Findings include:</p> <p>1. Resident #T's record was reviewed 6-11-15 at 9:02 AM. Resident #T's diagnoses included, but were not limited to: heartburn, depression, and heart dysrhythmia.</p> <p>During an interview on 6-9-2015 at 9:08 AM, Resident #T indicated he had bruising on his abdomen in a large area. Resident #T further indicated he was receiving injections in his abdomen, but was unsure what medication he was being given.</p> <p>In an observation on 6-9-2015 at 9:08 AM, the bruising on Resident #T's abdomen was observed to be approximately 10 centimeters (cm) by 6</p>	R 0241	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a post survey review on or after July 15, 2015. Furthermore, this provider requests an IDR for this deficiency. Supporting documentation is attached. It is our understanding that a physician's order should include but is not limited to; A patient's name, name and signature of the ordering physician. R 241 HEALTH SERVICES It is the policy of this facility to administer medications and the provision of residential nursing care shall be as ordered by the resident's physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. what corrective action(s) will be	07/15/2015			

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	<p>cm.</p> <p>In an interview on 6-9-2015 at 9:46 AM, LPN #1 indicated Resident #T was taking heparin injections (a blood thinner), and he was scheduled to go to the VA (Veterans's Administration) Coumadin clinic in the morning.</p> <p>Review of Resident T's clinical record indicated the resident never had an order for heparin injections.</p> <p>Physician's orders dated 6-1-2015 indicated to give Coumadin (an anticoagulant) 10 mg on 6-1, 6-2, 6-3, and 7.5 mg on 6-4. Additionally, Resident #T was to receive Lovenox (an anticoagulant) 80 mg twice daily, beginning on 6-1-2015. Further, Resident #T was to return to the VA Coumadin clinic on 6-5-2015. The orders further indicated Resident #T's INR (International Normalized Ratio) was 1.0 and the target was 2-3. The Lovenox order was clarified on 6-5-15 to administer twice daily (every 12 hours).</p> <p>Physician's orders dated 6-5-2015 indicated to give Coumadin 7.5 mg daily until seen again at the VA Coumadin clinic on 6-10-2015. Additionally, the physician's order indicated to continue giving the Lovenox every 12 hours. The</p>		<p>accomplished for those residents found to have been affected by the deficient practice;</p> <ul style="list-style-type: none"> - Medication was administered to resident # T according to physician orders immediately. - Medication was given to resident #Q appropriately according to the physician order immediately. how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; - All residents had the potential to have been affected by the alleged deficient practice. - All staff will be in-serviced on following physician orders and the Grandview policy. Education will be provided by the Director of Nursing/Designee and completed by July 15, 2015. what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; - Medication times are scheduled specifically to assure medication is given with the exact time allotment in between when ordered by a physician. - When a medication is not available, staff will report the findings to the Director ofNursing and/or Administrator immediately. - All staff will be in-serviced on following physician orders and the Grandview Policy. Education will be provided by theDirector of Nursing/Designee and completed by July 15, 2015. how the 				

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	<p>orders further indicated Resident #T's INR was 1.6 and the target was 2-3.</p> <p>A review of Resident #T's Medication Administration Record (MAR) dated June 2015 indicated Heparin 80 mg was given daily between 6-2 and 2-10. There was no indication Lovenox had been given.</p> <p>A review of Resident #T's Nurse's Notes dated 6-5-2015 at 2 PM indicated "res having Heparin injections BID." The Heparin had been lined out, and Lovenox written in above Heparin.</p> <p>In an interview on 6-11-2015 at 9:27 AM, LPN #1 indicated Resident #T's Heparin was given sometime during the shift when the licensed nurse had time. Because the Resident usually had a QMA working on the cart that contained his medicine, the QMA obtained the needed prefilled syringe, and made the nurse aware the medication was ready to be given. LPN #1 further indicated there was no way to tell if the medication had been given 12 hours apart as ordered between 6-5 and 6-10-2015.</p> <p>In an interview on 6-11-2015, at 9:59 AM, QMA #2 indicated she usually set the medication up for the nurse in the prefilled syringe. QMA #2 indicated she</p>		<p>corrective action(s) will be monitored to ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place; and - A QI monitoring tool called PhysicianOrders will be utilized every week x 4, Monthly x 5 for at least 6 months. - Data will be collected by DON/Designee and submitted to the CQI Committee. If the threshold of 95% is not met, an action plan will be developed.</p> <p>- Non-Compliance with facility procedure may result in disciplinary action up to and including termination.</p> <p>by what date the systemic changes will be completed.</p> <p>- July 15, 2015</p> <p>ADDENDUM</p> <p>An in-service will be conducted by the administrator to all nursing staff that administers medications by July 15th. The staff will be educated on the Rights of safe Medication Administration as well as a review of Anticoagulant medication.</p> <p>A Quality Improvement tool named Anticoagulant Orders will be utilized to audit all residents receiving anticoagulants every week x 4, Monthly x 5 for at least 5 months.</p> <p>Data will be collected by the DON/Designee and submitted to the QI Committee.</p> <p>Non-Compliance with facility procedure may result in disciplinary action up to and including termination.</p>				

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	<p>set up Lovenox as ordered by the physician. QMA #2 further indicated the nurse gave the medicine when she could get to it, and so, there was no guarantee the medication was given 12 hours apart as ordered between 6-5 and 6-10-2015.</p> <p>In an interview on 6-11-2015 at 10:52 AM, LPN #3 indicated there was no specific policy regarding following physician orders, but it was understood physician orders were to be followed. LPN #3 further indicated the MAR should have been changed from BID to every 12 hours with specific times to ensure the medication was given as ordered.</p> <p>2. Resident #Q's record was reviewed on 6-10-2015 at 1:32 PM. Resident #Q's diagnoses included, but were not limited to: high blood pressure, stroke, and high cholesterol.</p> <p>A review of Resident #Q's physician's orders dated 9-17-2014, indicated Resident #Q was to receive Calcium Carbonate (a medication for heartburn) 650 mg, 2 tablets twice daily.</p> <p>A review of Resident #Q's Medication Administration Record (MAR) dated 6-2015 indicated Resident #Q had received the Calcium Carbonate twice</p>			

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R 0269 Bldg. 00	<p>daily 6-1 through 6-7-2015. Additionally, the medication was circled on the evening dose of 6-8, both doses of 6-9-2015 and the morning dose of 6-10-2015. The MAR further indicated the Calcium Carbonate was not available, had been ordered 6-9-2015, but would not be available for 2 weeks.</p> <p>In an interview on 6-10-2015 at 1:46 PM, QMA #5 indicated medications were supposed to be ordered prior to them being out, but, sometimes medications ran out and were unavailable for a while-sometimes a week or two.</p> <p>In an interview on 6-10-2015 at 2:07 PM, the Director of Nursing indicated medications were to be available at all times for administration, and if medication became unavailable, staff were to make it known to Administration, so the medication could be obtained.</p> <p>This State Tag relates to Complaint #IN00174464.</p> <p>410 IAC 16.2-5-5.1(b) Food and Nutritional Services - Noncompliance (b) The menu or substitutions, or both, for all meals shall be approved by a registered</p>			

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	<p>dietician.</p> <p>Based on observation, interview, and record review, the facility failed to serve items as menued for 5 of 5 residents reviewed for meal service in a sample of 5.</p> <p>Findings include:</p> <p>In a confidential interview on 6-8-2015 at 2:00 PM, a resident indicated there was no bread being served at mealtime, even though he circled it on his menu.</p> <p>During a meal observation on 6-10-2015 at 4:32 PM, the evening meal consisted of Tuna Casserole, and salad. No bread or rolls were observed at the meal for 5 random residents selected for review.</p> <p>A review of the meal spread sheet for 6-10-2015 evening meal provided by the Dietary Manager on 6-8-2015 at 10:13 AM, indicated the evening meal for 6-10-2015 was to be Tuna and Noodle Casserole, Tossed Salad, Bread or Roll and Margarine, and dessert.</p> <p>In an interview on 6-10-2015 at 4:36 PM, Dietary Server #4 indicated Bread was not on the menu, but was available to the residents if they asked. When shown the menu, Dietary Server #4 indicated the</p>	R 0269	<p>It is the policy of this facility to have the menu or substitutions, or both, for all meals shall be approved by a registered dietician. what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; - Bread was offered immediately when featured on the menu to all residents requesting bread. how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; - All residents had the potential to have been affected by the alleged deficient practice. - All staff will be in-serviced on serving all requested items on the resident's meal tickets. Education will be provided by the Dietary Manager and completed by July 15, 2015. what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; - Staff will read the resident's meal ticket and put all requested items on the resident's plate prior to delivery of the meal. - All staff will be in-serviced on serving all requested items on the resident's meal tickets. Education will be provided by the Dietary Manager and completed by July 15, 2015. how the corrective action(s) will be monitored to ensure the deficient practice will not recur,i.e., what quality assurance</p>	07/15/2015			

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	<p>residents had to ask for bread even though it was menued.</p> <p>In an interview on 6-11-2015 at 9:47 AM, the Dietary Manager indicated the meals were to be served as menued. She additionally indicated bread is available at the workstation should residents ask for bread, and that bread should be served if residents circle it on their menus.</p> <p>This State tag is related to Complaint IN00174464.</p>		<p>program will be put into place; and - A QI monitoring tool called MealTicket Audit will be utilized every week x 4, Monthly x 5 for at least 6months. - Data will be collected by Dietary Manager/Designee and submitted to the QI Committee. If the threshold of 95% is not met, an action plan will be developed. - Non-Compliance with facility procedure may result in disciplinary action up to and including termination. - by what date the systemic changes will be completed. - July 15, 2015</p>		