

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155605	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/09/2012
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NAME OF PROVIDER OR SUPPLIER  GRANDVIEW HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1959 E COLUMBUS ST MARTINSVILLE, IN 46151
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F0000	<p>This visit was for the Investigation of Complaint IN00112578.</p> <p>Complaint IN00112578 - Substantiated. Federal/state deficiencies related to the allegations are cited at F282, F332, and F507.</p> <p>Survey dates: August 8 &amp; 9, 2012</p> <p>Facility number: 000400 Provider number: 155605 AIM number: 100266880</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF: 17 SNF/NF: 50 Total: 67</p> <p>Census payor type: Medicare: 18 Medicaid: 47 Other: 2 Total: 67</p> <p>Sample: 7</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and submitted as a requirement under state and federal law.</p> <p>Please accept this plan of correction as our credible allegation of compliance.</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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	Quality review 8/15/12 by Suzanne Williams, RN			

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure physician's orders for respiratory medications were followed for 1 of 3 residents reviewed for following physician's orders in a sample of 7. [Resident #C]</p> <p>Findings include:</p> <p>Resident #C's closed clinical record was reviewed on 08/08/12 at 2:45 p.m. and indicated the resident had diagnoses which included, but were not limited to, acute respiratory failure, chronic obstructive pulmonary disease, hypoxemia, asthma, pneumonia, and end stage renal disease.</p> <p>The closed clinical record indicated the resident was admitted to the facility after hospitalization for acute respiratory failure and had been on a ventilator during the hospital stay.</p> <p>A Physician's Telephone Order, dated 03/19/12, indicated an order for Advair 250/50 1 puff twice a day, Spiriva [bronchodilator, anticholinergic, used in</p>	F0282	<p>1. Resident # C was affected. Resident # C was discharged home prior to the new medication orders being delivered from the pharmacy. Home discharge instructions and all medications on hand were provided to resident # C upon discharge.</p> <p>2. All residents requiring medications have the potential to be affected. The nurses and QMA's will be in-serviced on the facility's policy on medication pass, pharmacy notification, order transcription, and home discharge procedure, (please see attachment A).</p> <p>3. The facility's policy on medication administration was reviewed with no revisions made. As a measure to ensure ongoing compliance the DON or designee will complete a medication pass audit, (please see attachment B), daily on regularly scheduled days for one month, then twice weekly for one month, then weekly for one month, then monthly ongoing to ensure medication is administered per the facility policy.</p> <p>4. As a quality measure the DON or designee will review any findings and subsequent corrective action(s) related to the</p>	08/24/2012			

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	<p>maintenance treatment of bronchospasm in Chronic Obstructive Pulmonary Disease (COPD)] 18 mg 1 puff every a.m., and to discontinue Duoneb/Combivent [bronchodilator], and Albuterol [bronchodilator] 25 mg nebulizer every 6 hours as needed for wheezing.</p> <p>Review of the Medication Record for March 2012 lacked documentation the above medications had been transcribed or administered.</p> <p>Nursing Progress Notes dated 03/21/12 indicated, "Resident discharged ... All meds sent c [with] resident ... New meds of Spiriva &amp; Albuterol ordered on 3-19-12 refaxed ... will be delivered tomorrow &amp; picked up by resid. [resident's] daughter...."</p> <p>Interview with the Director of Nursing [DON] on 08/09/12 at 12:30 p.m. indicated she had talked to the pharmacy and the first and only fax for the respiratory medications was received on 03/21/12. So either the nurse did not fax the order like they are supposed to do as soon as they receive it, or the pharmacy did not receive the fax on their end. The DON indicated sometimes the facility has had to re-fax orders due to something on the pharmacy end, in which they did not</p>		ongoing audits in the facility's quarterly Quality Assurance meeting.		

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	<p>receive the fax.</p> <p>The delivery sheet from the pharmacy, which was faxed to the facility on 08/09/12 and presented for review at 12:40 p.m., indicated the respiratory meds were delivered to the facility on 03/21/12 and sent back to the pharmacy on 03/22/12 at 4:15 a.m.</p> <p>This federal tag is related to Complaint IN00112578.</p> <p>3.1-35(g)(2)</p>			
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F0332 SS=D	<p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. Based on observation, interview, and record review, the facility failed to ensure it was free of a 5% or greater medication error rate, for 1 of 9 residents observed during medication pass. During the medication passes, 46 opportunities were observed, with 4 medication errors, which resulted in a 8.6% error rate. [Resident #G]</p> <p>Findings include:</p> <p>Medication pass observation was made on 08/09/12 beginning at 9:06 a.m. and ending at 9:38 a.m. with QMA #1. Another med pass was completed on 08/09/12 from 4:03 p.m. until 4:35 p.m. with LPN #1, and another med pass at 4:55 p.m. with LPN #2. There were 46 medications observed to be administered and 4 errors in medication administration, in which 3 medications were omitted and 1 medication was crushed which was not to be crushed, resulting in an 8.6% error rate.</p> <p>Observation of Resident #G's medication pass was made on 08/09/12 at 9:38 a.m. with QMA #1 having administered the</p>	F0332	<p>1.Resident #G was affected. The Physician and responsible party were notified. The resident was monitored with no adverse side effects noted.</p> <p>2.All residents requiring medications have the potential to be affected. The QMA was immediately re-educated on the facility's policy on medication administration.</p> <p>3.The facility's policy on medication administration was reviewed with no revisions made. All nurses and QMA's will be in-serviced on the facility's policy on medication administration,(please see attachment A). As a measure to ensure ongoing compliance the DON or designee will complete a medication pass audit, (please see attachment B), daily on regularly scheduled days for one month, then twice weekly for one month, then weekly for one month, then monthly ongoing to ensure medication is passed per the facility policy.</p> <p>4.As a quality measure the DON or designee will review any findings and subsequent corrective action(s) related to the ongoing audits in the facility's quarterly Quality Assurance meeting.</p>	08/24/2012			

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	<p>medications. Resident #G was given 14 medications in liquid form, pill/tablet form, and nasal spray.</p> <p>QMA #1 indicated during interview at this time, Resident #G liked her medications crushed in applesauce and QMA #1 was observed to crush all the pills/tablets and mixed them in applesauce.</p> <p>Resident #G was observed to take her liquid medications first, then her crushed medications, and then her nasal spray.</p> <p>Review on 08/09/12 at 3:25 p.m. of Resident #G's Medication Record for August 2012, indicated Resident #G had an order for Imdur, an antianginal medication, give 1 tablet by mouth every day. "*DO NOT CRUSH*." QMA #1 was observed to crush this medication with the other tablets/pills.</p> <p>Also, during the review of the Medication Record, three other medications which were observed to not be given during the medication pass were ordered, which included, Claritin-D 12 hour tab, an antihistamine, to be given by mouth every day with a scheduled time of 8 a.m.; Fludrocortisone 0.1 mg tab, a corticosteroid used in adrenocortical insufficiency, give 1/2 tab by mouth every</p>			

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	<p>day; and Advair 100-50 Diskus, an corticosteroid, long-acting beta2, adrenergic agonist, give 1 puff by mouth every 12 hours. The Advair medication was not initialed as given from August 1 - 9, 2012.</p> <p>Interview with the Director of Nursing [DON] on 08/09/12 at 12:20 p.m. indicated the Advair was probably missed due to the Advair was on the respiratory med sheet instead of with the other medication sheets.</p> <p>Review of Medication Records for Resident #G for the months of June and July 2012 indicated the medication, Advair was located on the same respiratory sheets as the August 2012 medication sheet and it was initialed as given throughout the days of the months.</p> <p>Review of the facility's policy on Medication Administration with revised date of August 2010 indicated, "... Altering of medications such as crushing or opening capsules must have documentation by MD or pharmacist in chart stating 'May crush medications.'"</p> <p>This federal tag is related to Complaint IN00112578.</p> <p>3.1-25(b)(9)</p>				

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	3.1-48(c)(1)			

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F0507 SS=D	<p>483.75(j)(2)(iv) LAB REPORTS IN RECORD - LAB NAME/ADDRESS</p> <p>The facility must file in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory.</p> <p>Based on observation, interview, and record review, the facility failed to file lab reports/results in the resident's clinical record for 1 of 3 residents reviewed for lab results in a sample of 7. [Resident #F]</p> <p>Findings include:</p> <p>Initial tour was performed on 08/08/12 at 10:35 a.m. with QMA #1 present.</p> <p>During the tour, Resident #F was in a room by herself and barrels with a red bag was in one of the two barrels and no personal protective equipment [ppe] cart was set up outside the room.</p> <p>Interview with QMA #1 at this time, indicated the red bag was due to Resident #F having C-Diff. When asked about the ppe cart, the QMA indicated she had just gotten back from the hospital a few days ago.</p> <p>Review of Resident #F's clinical record on 08/09/12 at 2:45 p.m. indicated the resident was re-admitted to the facility on 07/26/12 after being hospitalized for 6</p>	F0507	<p>1. Resident # F was not harmed. The resident's laboratory result was found to be negative for the C-Diff toxin. The hard copy of the lab results is located in the medical record. Contact precautions were in place per the facility's policy until negative results were obtained.</p> <p>2. Any resident with laboratory results has the potential to be affected. All staff will be in-serviced on filing laboratory results in the medical record timely as well as the facility's policy on Contract Precautions and C-Diff, (please see attachment A).</p> <p>3. As a measure to ensure on going compliance the DON or designee will complete an audit daily on regularly scheduled days for one month, then twice weekly for one month, the weekly for one month, then monthly on going, (please see attachment C), to ensure laboratory results are filed in the medical record timely.</p> <p>4. As a measure of quality assurance the DON or designee will review any findings and subsequent corrective action(s) related to the on going audits in the facility's quarterly Quality Assurance meeting.</p>	08/24/2012

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	<p>days.</p> <p>Physician Telephone Orders dated 08/02/12 indicated to start Flagyl 250 mg. 1 by mouth every 8 hours for 14 days for C-Diff and maintain isolation until C-Diff is negative.</p> <p>Interview with the DON and Assistant Director of Nursing [ADON] on 08/09/12 at 3 p.m. indicated they could have the lab results for the C-Diff faxed over to the facility.</p> <p>The labs for the C-Diff specimen could not be found in the clinical record by the Director of Nursing [DON].</p> <p>On 08/09/12 at 5:55 p.m., the ADON presented the C-Diff specimen lab results which were tested on 08/02/12, which indicated a negative toxin result for A &amp; B, and a positive antigen for C-Diff.</p> <p>The facility failed to follow up on this lab result, which was 7 days after the lab results were dated.</p> <p>This federal tag is related to Complaint IN00112578.</p> <p>3.1-49(f)(4)</p>			