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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155196 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 05/28/2015 |
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| NAME OF PROVIDER OR SUPPLIER ALTENHEIM HEALTH & LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP CODE 3525 E HANNA AVE INDIANAPOLIS, IN 46237 |
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| F 000 Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00173943.</p> <p>Complaint IN00173943 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282 and F333.</p> <p>Survey dates: May 27 and 28, 2015</p> <p>Facility number: 000103 Provider number: 155196 AIM number: 100290000</p> <p>Census bed type: SNF: 24 SNF/NF: 44 Total: 68</p> <p>Census payor type: Medicare: 25 Medicaid: 33 Other: 10 Total: 68</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> | F 000 | | |

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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| F 282 SS=D Bldg. 00 | <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 record review and interview, the facility failed to ensure physician's orders for medications were followed for 1 of 3 residents reviewed for medication orders in a sample of 3 (Resident #B).</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 5/27/15 at 10:00 a.m. Diagnoses for Resident #B included, but were not limited to, diabetes, bilateral above the knee amputation (left and right legs), non-healing surgical wound and neuropathy.</p> <p>Review of Resident #B's physician's orders for May 2015, indicated the resident required Levemir (insulin to treat diabetes) 24 units twice a day and an order for MS Contin (morphine-used for pain relief) 100 milligrams (mg) three times a day.</p> <p>Review of the resident's electronic medication administration record (EMAR) on 5/28/15 at 8:50 a.m., indicated on 5/6/15, the resident was not</p> | F 282 | <p>This Plan of Correction is to serve as Altenheim Health and Living Community credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Altenheim Health and Living Community or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. We would like to request a desk review for Altenheim Health and Living Community complaint survey that was held on May 28th, 2015. F 282 483.20(k)(3)(ii) SERVICES BY Qualified PERSONS/PER CARE PLAN It is the policy of this facility to ensure physician's orders for medication are followed for all residents. Resident #B has a supply of Levemir Insulin and is receiving this medication per the physician order. Resident #B also has a supply of MS Contin 100 milligrams and is receiving this medication per the physician order. Resident #B is being</p> | 06/10/2015 |

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| | <p>provided the morphine pain medication at 5:00 a.m., at 1:00 p.m., or 9:00 p.m., or the the Levemir (insulin) on 5/16/15 at 9:00 a.m., because the drugs were not available.</p> <p>During an interview with the Director of Nursing (DON) on 5/28/15 at 8:50 a.m., she indicated she is not sure what happened and why the resident's medications were unavailable. She further indicated she was the new DON and had started an investigation and also began inservicing the nurses.</p> <p>This Federal tag relates to complaint IN00173943.</p> <p>3.1-35(g)(2)</p> | | <p>assessed routinely for signs/symptoms of hyper/hypoglycemia and has not experienced a negative outcome related to his diabetes care. Resident #B has been assessed and his pain is being managed to a level that is acceptable to him based on assessments of his pain and his verbal responses to pain assessment questions daily. Resident #B has had no negative outcome from this event and is receiving his medications per the physician orders. Residents who receive medications who reside in this facility have the potential to be affected by the same deficient practice. An audit has been conducted of the electronic medical record to ensure residents who receive medications have those medications available in stock so that they can be administered per the physician's orders. An audit has been conducted inside the medication carts and storage rooms to ensure medications are available for each physician order for all residents who have orders for medications to be given. Licensed nursing staff have been re-educated on the medication administration policy to ensure the medications are reordered timely and the education covered emergency supplies as well to ensure residents receive their medications per the physician orders. Licensed nurse #1 that did not follow physician orders by</p> | |

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| | | | <p>not administering scheduled pain medication and scheduled insulin was provided with 1:1 education and counseling by DNS.</p> <p>Licensed nurse #2 that did not follow physician orders by not administered scheduled pain medication was provided with 1:1 education and counseling by DNS. All licensed staff educated on following physician orders by DNS. All licensed staff educated on drug availability, when to re-order medications, and new controlled substance re-ordering policy by DNS. All licensed staff educated on proper steps to follow if medication is not available and use of emergency drug kit. All licensed nurses were assessed for knowledge of in-service based material by completing a quiz with 100% pass rate. Electronic MARs will be audited for missing medication administration daily 7 days a week by DON or designee to verify all medications are available. Medication cart checks will be performed 3x a week for 4 weeks, 2x a week for 4 weeks, then weekly x 3 months by DON or designee to spot check medication availability consistent with efficient re-ordering practices. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%.</p> | |

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| F 333 SS=G Bldg. 00 | <p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors. Based on record review and interview, the facility failed to ensure physician's orders for MS Contin (morphine-a pain relief medication) were provided to a resident which resulted in the resident to experience excruciating pain for 1 of 3 residents reviewed for pain management in a sample of 3 (Resident #B).</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 5/27/15 at 10:00 a.m. Diagnoses for Resident #B included, but were not limited to, diabetes, bilateral above the knee amputation (left and right legs), non-healing surgical wound and neuropathy.</p> <p>The most current Minimum Data Set assessment (Quarterly 5/19/15), indicated the resident's cognitive status (BIMS-brief interview for mental status)</p> | F 333 | <p>Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date: 6-10-2015. The Administrator at Altenheim is responsible in ensuring compliance in this Plan of Correction.</p> <p>F 333 483.25(M)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>It is the policy of this facility to ensure residents are free of any significant medication errors.</p> <p>Resident #B has a supply of MS Contin 100 milligrams and is receiving this medication per the physician order. Resident #B has been assessed and his pain is being managed to a level that is acceptable to him based on assessments of his pain and his verbal responses to pain assessment questions daily.</p> <p>Residents who receive medications who reside in this facility have the potential to be affected by the same deficient practice. An audit has been conducted of the electronic medical record to ensure residents who receive medications have those medications available in stock so</p> | 06/10/2015 |

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| | <p>score was 15/15 (intact).</p> <p>Review of Resident #B's physician's orders for May 2015, indicated the resident required MS Contin (morphine-used for pain relief) 100 milligrams (mg) three times a day (original order date 1/5/15) and to assess the resident's pain level every shift.</p> <p>A nurses note dated 5/6/15 at 2:08 p.m., indicated the resident was not feeling well ... was diaphoretic, shaky and pale.</p> <p>Review of the resident's electronic medication administration record (EMAR) on 5/28/15, at 8:50 a.m., indicated on 5/6/15, the resident did not receive the morphine at 5:00 a.m., 1:00 p.m., or 9:00 p.m. During the night shift (no time noted) his pain level was 10/10 (worst pain) and was not provided the morphine pain medication, because the drug was unavailable and not reordered until 5/6/15 at 8:21 p.m.</p> <p>During an interview with the Director of Nursing on 5/28/15 at 8:50 a.m., she indicated she is not sure what happened and why the resident's medications were unavailable. She further indicated she was the new DON and had started an investigation and also began inservicing the nurses.</p> | | <p>that they can be administered per the physician's orders. An audit has been conducted inside the medication carts and storage rooms to ensure medications are available for each physician order for all residents who have orders for medications to be given. Licensed nursing staff have been re-educated on the medication administration policy to ensure the medications are reordered timely and the education covered emergency supplies as well to ensure residents receive their medications per the physician orders.</p> <p>Licensed nurse #1 that did not follow physician orders by not administering scheduled pain medication and scheduled insulin was provided with 1:1 education and counseling by DNS.</p> <p>Licensed nurse #2 that did not follow physician orders by not administered scheduled pain medication was provided with 1:1 education and counseling by DNS.</p> <p>Licensed nursing staff was provided with education on the new scheduled medication re-ordering policy. All licensed nursing staff educated on medication errors, steps to prevent medication errors, and systemic approaches to eliminating drug errors in long term care setting.</p> | |

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| | <p>During an interview with Resident #B on 5/28/15 at 10:30 a.m., he indicated he did not get his morphine all day 5/6/15, they forgot to reorder it, he started feeling ill and was in a lot of pain that night. He also indicated, his pain level is usually well tolerated when he receives the pain medication as ordered.</p> <p>During an interview on 5/28/15 at 11:20 a.m., with the Director of Nursing and the Nurse Consultant, they indicated they were unable to locate a policy or procedure for reordering medications.</p> <p>This Federal tag relates to complaint IN00173943.</p> <p>3.1-48(c)(2)</p> | | <p>All licensed staff educated on proper steps to follow if medication is not available and use of emergency drug kit.</p> <p>All licensed nurses were assessed for knowledge of in-serviced material by completing a quiz with 100% pass rate.</p> <p>Electronic MARs will be audited for missing medication administration daily 7 days a week by DON or designee to verify that all medications are available. Medication cart checks will be performed 3x a week for 4 weeks, 2x a week for 4 weeks, then weekly x 3 months by DON or designee to spot check medication availability consistent with efficient re-ordering practices.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.</p> <p>Compliance date: 6-10-2015. The Administrator at Altenheim is responsible in ensuring compliance in this Plan of Correction.</p> | |