

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155692	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/02/2015
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NAME OF PROVIDER OR SUPPLIER HERITAGE OF HUNTINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1180 W 500 N HUNTINGTON, IN 46750
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F 000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 26, 27, 30, 31, April 1, 2, 2015</p> <p>Facility number: 002910 Provider number: 155692 AIM number: 200345390</p> <p>Census bed type: SNF: 13 SNF/NF: 61 Residential: 55 Total: 129</p> <p>Census payor type: Medicare: 8 Medicaid: 21 Other: 100 Total: 129</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 309 SS=D Bldg. 00	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure bowel monitoring and administration of physician ordered interventions were completed for 1 of 4 residents reviewed for bowel monitoring. (Resident #80)</p> <p>Findings include:</p> <p>The clinical record for Resident #80 was reviewed on 4/1/1 at 7:46 a.m. Diagnoses for Resident #80 included, but were not limited to, constipation, Alzheimer's disease, and depression.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 2/18/15, indicated Resident #80 was severely cognitively impaired, and required two or more staff assistance for toileting.</p> <p>Resident #80 had current, signed physician orders for the following:</p> <p>a. Senna (a laxative) 8.6 milligrams (mg) one tablet by mouth two times a day.</p>	F 309	<p>BM report was run for all residents, no other affected residents noted. Resident #80 has a new order for Miralax daily. BM reports will be run twice weekly, on Monday and Thursday for all residents. This report will indicate any resident that has not had a BM in 3 days. Resident #80 will be among those included in report. Nurse will initiate physician ordered interventions as appropriate for those that have not had a BM in 3 days or more, including Resident #80. BM reports will be run twice weekly, on Monday and Thursday for all residents. This report will indicate any resident that has not had a BM in 3 days. Nurse will initiate physician ordered interventions as appropriate for those that have not had a BM in 3 days or more. BM report bi-weekly check sheet has been developed and put into place. Bi-weekly checks will be completed on Monday and Thursday. Any resident that has not had a BM in 3 days will show up on the report and nurse must sign BM report bi-weekly check sheet indicating the report has</p>	04/17/2015

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	<p>This order originated 1/9/15.</p> <p>b. Bisacodyl (a laxative) 10 mg suppository rectally once a day as needed for constipation. This order originated 9/24/14.</p> <p>c. Milk of Magnesia (a laxative) 30 milliliters (ml) by mouth daily as needed for constipation. This order originated 9/24/14.</p> <p>Resident #80 had a health care plan, dated 11/17/14, with a health care focus of potential constipation. Interventions for this focus included, but were not limited to, monitor the resident's bowel pattern, administer physician ordered medications, and notify the physician if the medications were not effective.</p> <p>Review of the January and February 2015, "Bowel and Bladder Elimination" report indicated Resident #80 did not have a bowel movement for the following time periods:</p> <p>January 26, 27, 28, and 29, all had "none" or "not applicable" documented indicating a time period of 4 days without a recorded bowel movement.</p> <p>February 6, 7, 8, and 9, all had "none" or "not applicable" documented. A time</p>		<p>been run and that appropriate interventions have been started. BM report bi-weekly check sheets will be collected and checked by DON or designee to ensure completion. This will be added to the nursing QA. April 17, 2015</p>	

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	<p>period of 4 days without a recorded bowel movement.</p> <p>February 16, 17, 18, and 19, all had "none" or "not applicable" documented. A time period of 4 days without a recorded bowel movement.</p> <p>The nursing notes and the January and February 2015 Medication Administration Records, lacked any information related to any medications or other interventions having been given or tried during the January 26 to 29, February 6 to 9, and February 16 to 19 time frames.</p> <p>During an interview on 4/2/15 at 9:24 a.m., the Director of Nursing indicated for the January 26 to 29, 2015, time frame the bowel monitoring documentation had not been completed. She further indicated for the February 6 to 9, and February 16 to 19, 2015, time frames the electronic record "alert" had failed.</p> <p>Review of the current, undated, facility policy, titled "CONSTIPATION POLICY AND PROCEDURE", provided by the Director of Nursing on 4/2/15 at 11:08 a.m., included, but was not limited to,</p> <p>"PURPOSE: To respond to the resident's</p>			

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F 329 SS=D Bldg. 00	<p>constipation needs.</p> <p>POLICY: Residents bowel movements will be monitored and staff will assist with elimination [sic] as needed...."</p> <p>3.1-37(a)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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</p>			

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	<p>these drugs.</p> <p>Based on observation, interview and record review, the facility failed to obtain weekly blood pressures for 1 of 5 residents reviewed for unnecessary medications (Resident #40); failed to attempt a gradual dose reduction for an antipsychotic medication for 1 of 5 residents reviewed for a gradual dose reduction (Resident #80); and failed to provide targeted behaviors for psychoactive medications for 2 of 5 residents reviewed for unnecessary medications (Residents #80 and #43) .</p> <p>Findings include:</p> <p>1. Resident #40's clinical record was reviewed on 3/31/15 at 8:27 a.m. The resident's diagnoses included, but were not limited to, essential hypertension, pacemaker, and atrial fibrillation.</p> <p>The resident had current physician orders for the following medications to treat high blood pressure: Amlodipine Besylate tablet 5 milligram [mg] 1 tablet by mouth one time a day related to essential hypertension. Core tablet 6.25 mg 1 tablet by mouth two times a day related to essential hypertension. Isosorbide Mononitrate ER tablet Extended Release 24 hour 60 mg give 1</p>	F 329	<p>Nursing reviewed all orders for residents receiving blood pressure medications for accuracy. No other residents affected noted. Nursing also verified all orders were appropriately included in the TAR. Order added to TAR for weekly blood pressure for Resident #40. On April 7 & 9, staff were in-services regarding appropriate entry and verification of orders. Blood pressure orders checked for accuracy for all residents. All new orders are entered by one nurse and checked by another nurse for accuracy. During monthly re-writes, nursing will verify all orders are appropriately included in the MAR. Nursing dept will randomly select 5 orders in the past 3 months for order review. This will be added to Nursing QA on monthly basis, GDR initiated for Resident #80. GDR meeting held with pharmacist and all other GDR were found to be appropriate. On April 7 & 9, staff were in-services on following pharmacy recommendations for GDR. Review completed of all residents on anti-psychotic meds for potential GDR. Pharmacy recommendations for all GDR will be followed unless there is compelling reason from physician why this should not occur. If postponement of GDR requested by family, HOH will ask for additional review by pharmacy</p>	04/17/2015			

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	<p>tablet by mouth one time a day related to essential hypertension.</p> <p>Lisinopril tablet 40 mg tablet give 1 tablet by mouth one time a day for hypertension.</p> <p>The resident had a current physician's order for a weekly blood pressure to be obtained on Saturday evenings. The orders indicated the weekly blood pressures were to have started on 10/4/14.</p> <p>Review of the resident's clinical record indicated the residents blood pressures were obtained on the following dates: 3/1/15 - 120/72 2/28/15 - 160/95 2/4/15 - 128/74 1/1/15 - 120/70 12/4/14 - 120/72 11/8/14 - 118/64 11/7/14 - 118/72 11/4/14 - 118/70 10/4/14 - 128/68</p> <p>The only blood pressures obtained on a Saturday were 10/4/14, 11/8/14, and 2/28/15. This resulted in the blood pressure being missed on Saturday evening 24 times.</p> <p>During an interview with the Director of Nursing on 4/1/14 at 9:40 a.m., she indicated the weekly blood pressures had not been obtained as ordered.</p>		<p>and a careplan meeting with family. Nursing dept will randomly select 5 residents recommended for GDR by pharmacy in the past 3 months for review. This will be added to the nursing QA. Attachments include all new nursing measure orders and careplans April 17, 2015</p>		

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	<p>2. Resident #80 was observed on 4/1/15 at 7:37 a.m., sitting in his wheelchair next to the bird aviary. Resident #80 indicated he was watching the birds before the staff helped him into the men's breakfast.</p> <p>Resident #80 was observed on 4/2/15 at 7:35 a.m., propelling self in his wheelchair, in the hallway. Resident would respond when staff or another resident spoke to him.</p> <p>The clinical record for Resident #80 was reviewed on 4/1/1 at 7:46 a.m. Diagnoses for Resident #80 included, but were not limited to, Alzheimer's disease, anxiety, dementia with delusions and depression.</p> <p>A quarterly Minimum Data Set (MDS), dated 2/18/15, indicated Resident #80 was severely cognitively impaired, and exhibited no behaviors during the assessment period.</p> <p>Current physician's orders for Resident #80 included, but were not limited to the following orders:</p> <p>a. Risperidone (an antipsychotic medication) 0.25 milligrams (mg) by mouth daily. The original date of this order was 10/6/14.</p>			

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	<p>b. Celexa (an anti-depressant medication) 20 mg by mouth daily. The original date of this order was 9/23/14.</p> <p>Resident #80 lacked health care plans with specific targeted behaviors for the use of his antipsychotic and anti-depressant medications.</p> <p>Resident #80 had a "Health Status Note", dated 2/8/15, which indicated the Power of Attorney for Resident #80 requested to "hold off" on the gradual dose reduction of Risperidone until current supply exhausted. The physician agreed to change the dose on 8/18/15.</p> <p>During an interview on 4/2/15 at 9:34 a.m., the Director of Nursing acknowledged they did not have health care plans with specific targeted behaviors in place prior to 4/1/15 for Resident #80 for his use of antipsychotic and anti-depressant medications. The Director of Nursing (DON) indicated Resident #80's wife had just purchased a large supply of Risperidone when the gradual dose reduction was due. The DON indicated a gradual dose reduction of Resident #80's Risperidone had not been attempted due to the wife's request.</p> <p>3. On 3/30/15 at 9:35 a.m., Resident #43</p>			

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	<p>was observed sitting in her recliner in her room, with her feet up.</p> <p>On 4/2/15 at 10:52 a.m., Resident #43 was observed sitting in her recliner in her room, with her feet up.</p> <p>The clinical record for Resident #43 was reviewed on 3/30/15 at 2:01 p.m. Diagnoses for Resident #43 included, but were not limited to, senile dementia with delusional features and obsessive-compulsive disorder (OCD).</p> <p>Resident #43 had a quarterly Minimum Data Set assessment, dated 2/11/15, which indicated the resident was severely cognitively impaired and had verbal and physical behaviors 1 to 3 days of the assessment period.</p> <p>Current physician's orders for Resident #43 included, but were not limited to the following orders:</p> <p>a. Seroquel (an antipsychotic medication) 25 milligrams (mg) by mouth daily.</p> <p>b. Zolofit (an OCD medication) 25 mg by mouth daily at bedtime.</p> <p>Resident #43 lacked health care plans with specific targeted behaviors for the</p>			

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	<p>use of her antipsychotic and OCD medications.</p> <p>During an interview on 4/2/15 at 9:34 a.m., the Director of Nursing acknowledged they did not have health care plans with specific targeted behaviors in place prior to 4/1/15 for Resident #43 for her use of antipsychotic and OCD medications.</p> <p>Review of the current, revised 1/2013, facility policy, titled "PSYCHOACTIVE MEDICATIONS", provided by the Administrator on 4/2/15 at 11:21 a.m., included, but was not limited to,</p> <p>"POLICY: Psychoactive medications shall only be used when there is adequate indication for their use....</p> <p>...PROCEDURE: 2. The therapeutic outcome and adverse effects of certain psychoactive medications as mandated per Federal Interpretive guideline [i.e. Long Acting Benzodiazepines, Benzodiazepines, and Antipsychotics] must be evaluated at least twice annually....</p> <p>...4. Individualized behavioral interventions, as appropriate, will be developed by the interdisciplinary team as part of the plan of care for those</p>			

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R 000 Bldg. 00	<p>residents receiving psychoactive medication relative to behavioral concerns...."</p> <p>3.1-37(a) 3.1-25(b)(2)</p> <p>Heritage of Huntington was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>	R 000		