

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155651	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/05/2013
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NAME OF PROVIDER OR SUPPLIER HOMEVIEW CENTER OF FRANKLIN	STREET ADDRESS, CITY, STATE, ZIP CODE 651 S STATE ST FRANKLIN, IN 46131
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F0000	<p>This visit was for Investigation of Complaint IN00122917.</p> <p>Complaint IN00122917 - Substantiated. Federal and State deficiencies related to the allegations are cited at F281.</p> <p>Survey dates: January 31 & February 4 & 5, 2013</p> <p>Facility number: 000353 Provider number: 155651 AIM number: 100291330</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: SNF/NF: 82 SNF: 14 Total: 96</p> <p>Census payor type: Medicare: 10 Medicaid: 72 Other: 14 Total: 96</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC</p>	F0000	<p>This plan of correction is submitted in compliance and conformance with State and Federal requirements. This plan of correction is not an admission to nor does it signify agreement with the survey allegations, rather it is submitted because it is required. This survey report does not present an accurate depiction of the manner in which nursing care and services are provided to this facility's residents.</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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	16.2. Quality Review completed on February 08, 2013; by Kimberly Perigo, RN.			

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F0281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality.</p> <p>Based on record review and interview the facility failed to ensure nursing staff administered ordered transdermal pain medication patches to residents according to nursing standards for 1 of 3 residents reviewed for transdermal pain medication patches (Resident B).</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 1/31/13 at 10:15 A.M.</p> <p>Diagnoses for Resident B included but were not limited to Alzheimer's disease, congestive heart failure, chronic bronchitis, carcinoma of the bronchus and lung, hypertension and chronic pulmonary obstructive disease.</p> <p>A current physician's order, originally dated 3/5/12, indicated Resident B had an order for a Fentanyl transdermal patch, 100 mcg (micrograms) every 72 hours. Apply 1 patch every 72 hours.</p> <p>A nurses note dated 1/3/13 at 13:49</p>	F0281	<p>1. Unable to correct for resident B, because it occurred in the past.2. All residents receiving transdermal pain patches have the potential to be affected. The residents were checked to ensure that they had only one patch in place. A new form was initiated that each shift checks for placement of patch. Also, nurses must now document on the MAR that they have removed the old patch.3. Nurses were in-serviced on transdermal patch procedure. The procedure will be added to the orientation packet and taught during any new nurse's orientation training.4. DON/designee will check residents who receive transdermal pain patch to ensure that only one patch is in place and record on audit sheet, weekly times four then every two weeks times two, then monthly times two. Any concern will be reported to QA committee for review to address any further need for monitoring. Results will be monitored through the QA process until 100% compliance is acheived.</p>	02/28/2013	

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	<p>(1:49 P.M.); indicated the resident was lethargic. The physician and family were notified and the resident was sent to the hospital emergency department (ED) for evaluation and treatment.</p> <p>An "Emergency Department Visit" report dated 1/3/13, indicated Resident B was examined at 15:30 (3:30 P.M.); and found to be ... awake, speech normal, and 3 Fentanyl patches on patient. Two patches were removed and the ECF (extended care facility) was advised Resident B should only have one patch. On examination of her skin at 16:25 (4:25 P.M.); the ED found 3 Fentanyl patches dated 12/20/12, 12/30/12, and 1/2/13 (the patches were found on her shoulder, back, and chest respectively). The patient was oriented to person, place, and time.</p> <p>During an interview on 2/4/13 at 12:40 P.M., with the Director of Nursing (DON), she indicated the nurse did not remove the patches from the resident because she did not see them.</p> <p>According to Mosby's "Nursing Skills & Procedures" seventh edition, page 475 for transdermal (skin) patches:</p>						

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	<p>"1. Locate and remove old patch before applying a new one ... Failure to remove the old patch can result in drug overdose if a new patch is applied and the old patch remains on."</p> <p>This Federal tag relates to Complaint IN00122917.</p> <p>3.1-35(g)(1)</p>				