

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155684	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/11/2015
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NAME OF PROVIDER OR SUPPLIER SOUTHFIELD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6450 MIAMI CIR SOUTH BEND, IN 46614
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00180072 and IN00181977.</p> <p>Complaint IN00180072- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00181977- Substantiated. Federal/State deficiencies related to the allegations are cited at F309.</p> <p>Survey dates: September 9, 10 and 11, 2015.</p> <p>Facility number: 002662 Provider number: 155684 AIM number: 200315930</p> <p>Census bed type: SNF: 18 SNF/NF: 41 Total: 59</p> <p>Census payor type: Medicare: 11 Medicaid: 25 Other: 23 Total: 59</p> <p>This deficiency reflects State findings</p>	F 0000	<p>This plan of correction constitutes the written allegation of compliance for the deficiencies cited. The submission of this Plan of Correction is not an admission that a deficiency exists or that a deficiency was cited correctly. The Plan of Correction is being submitted to meet the requirements established by state and federal law.</p>	
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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 0309 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 14454 on September 17, 2014.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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 the plan of care was followed related to the administration and monitoring of respiratory treatments for 1 of 6 residents reviewed for medication administration. (Resident B)</p> <p>Finding includes:</p> <p>On 9/11/15 at 10:00 A.M., the electronic medical record for Resident B was reviewed. Diagnoses included, but were not limited to, Alzheimer's disease, congestive heart failure, chronic obstructive pulmonary disease, peripheral vascular disease and hypertension.</p>	F 0309	<p>A Medication Error Report has been generated regarding the missing documentation for the three Albuterol treatments. Additionally, all staff members involved have been counseled for failure to document as it relates to facility policy.</p> <p>An audit has been conducted of all other residents receiving up draft treatments to assure that the treatments are being administered and documented in accordance with the physicians' orders and facility policy.</p> <p>All licensed nurses have been in-serviced on proper documentation regarding medication administration.</p> <p>Systemically, all up draft treatments'</p>	10/11/2015

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	<p>A hospital discharge summary, dated 9/10/15, indicated Resident B had been admitted to (Name of Hospital) from 8/31/15 to 9/8/15. The discharge summary indicated, "...Final diagnosis: 1. Bacterial pneumonia. 2. Exacerbation of chronic obstructive pulmonary disease. 3. Exacerbation of chronic systolic heart failure. 4. Severe aortic stenosis. 5. Alzheimer's disease. 6. Atrial fibrillation on chronic anticoagulation...[Resident B] is a 94-year-old man with a history of systolic and diastolic CHF [Congestive Heart Failure], chronic renal insufficiency stage IV, Alzheimer's disease, COPD [Chronic Obstructive Pulmonary Disease]. He has multiple prior admissions for respiratory insufficiency, pneumonia, CHF...."</p> <p>A Physician's order, dated 9/8/15, indicated the following: "...Ipratropium-albuterol [a medication used to open airways of the lungs] 0.5mg [milligram] -3mg (2.5mg base)/3ml [milliliter] nebulization [a method to administer inhaled medications] soln[solution] [generic]...Inhale 1 vial QID [4 times per day] for SOB [shortness of breath], cough; Diagnosis/Reason = Extrinsic Asthma, unspecified; [name of prescribing physician]...06:00 [6:00 A.M.]...minutes [length of treatment]...lung sounds...pulse a[before]</p>		<p>documentation will be audited weekly by the Medication Administration Committee, a subcommittee of the QAPI Committee, for thirty days or until a 100% compliance rate is obtained.</p> <p>Failure to comply with this plan of correction may result in disciplinary action, up to and including termination.</p> <p>The Director of Nursing is responsible to carry out this plan of correction.</p>	

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	<p>tx [treatment]...resp[respirations] a tx... pulse p [after] tx... resp p tx...."</p> <p>The Medication Administration Record (MAR), dated September 2015, indicated there was no documentation related to the administration of the Ipratropium-albuterol and assessment of lung sounds, respirations and pulse before and after the administration of the medication for 9/9/15, 9/10/15 and 9/11/15 at 6:00 A.M.</p> <p>A Pulmonary care plan, dated 9/8/15, was received from the Unit Manager on 9/11/15 between 4:00 P.M. and 5:00 P.M. The care plan indicated the following: "... [Resident B] has potential for complications from COPD [chronic obstructive pulmonary disease]...Interventions: Provide treatment per physicians orders and monitor for response...."</p> <p>On 9/11/15 between 4:15 P.M. and 5:00 P.M., an interview was conducted with LPN (Licensed Practical Nurse) #1. LPN #1 indicated she had given the breathing treatment at 06:00 A.M. on 9/10/15, but failed to document it anywhere in the medical record. LPN #1 did not indicate whether or not she had done an assessment of Resident B's lung sounds, respirations and pulse before and after the administration of the medication.</p>			

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	<p>On 9/11/15 between 4:18 P. M. and 4:45 P.M., an interview was conducted with the Director of Nurses. The Director of Nurses indicated her expectation of medication administration was that the Physician's order be followed and that it is documented.</p> <p>A current policy titled Respiratory Treatment Administration, with a revision date of 9/27/10, was received from the Unit Manager on 9/11/15 at 5:00 P.M. The policy indicated the following: "...Purpose: To safely administer medication via nebulizer as ordered by a physician. To improve the respiratory status of resident and to document minutes of respiratory therapy... 4. Pulse, respirations, and lung sounds will be charted on the Breathing treatment flowsheet prior to treatment...5. Minutes resident used for respiratory treatment will be charted on Breathing treatment flowsheet after treatment completed...6. Pulse, respirations, and lung sounds will be charted on the Breathing treatment flowsheet after treatment finished...."</p> <p>This Federal tag relates to Complaint IN00181977.</p> <p>3.1-37(a)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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