

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155152	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/02/2014
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NAME OF PROVIDER OR SUPPLIER MONTICELLO HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 N MAIN ST MONTICELLO, IN 47960
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00148466.</p> <p>Survey dates: April 28, 29, 30, May 1, and 2, 2014</p> <p>Facility number: 000072 Provider number: 155152 AIM number: 100287440</p> <p>Survey team: Caitlyn Doyle, RN-TC Jennifer Redlin, RN Heather Hite, RN Julie Ferguson, RN Regina Sanders, RN (5/1/14)</p> <p>Census bed type: SNF: 7 SNF/NF: 84 Total: 91</p> <p>Census Payor type: Medicare: 12 Medicaid: 60 Other: 19 Total: 91</p> <p>These deficiencies reflect State findings</p>	F000000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a post survey revisit on or after June 1st, 2014.</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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F000241 SS=D	<p>cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 6, 2014, by Janelyn Kulik, RN.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on observation, record review and interview, the facility failed to ensure the personal dignity was provided during a random observation of a resident, related to an inappropriate comment made by a staff member, for 1 of 1 residents reviewed for dignity. (Resident #80 and Maintenance Supervisor)</p> <p>Findings include:</p> <p>During an observation on 04/29/14 at 2:15 p.m., the Maintenance Supervisor was observed walking into the kitchen, and was overheard saying to a dietary staff member, "Oh that (Resident #80's name)--why why why blah blah blah. Oh that (Resident's #80's name)." At the time this was observed, two staff members and</p>	F000241	<p>F241 Dignity and Respect of Individuality It is the practice of this provider to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #80 no longer resides in the facility. No resident voiced concern regarding conversation by Maintenance Supervisor.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective</p>	06/01/2014			

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	<p>a resident in a wheelchair were observed in the D hallway by the kitchen.</p> <p>A facility policy on Resident Rights dated 01/06, received from the Executive Director as current indicated, "...all staff members recognize the rights of residents at all times and residents assume their responsibilities to enable personal dignity, well being, and proper delivery of care...."</p> <p>During an interview with the Executive Director on 04/29/14 at 4:12 p.m., she indicated that was unacceptable. She further indicated staff should not speak about residents that way.</p> <p>3.1-3(t)</p>		<p>action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>A one to one education was given to the Maintenance Supervisor by the Executive Director on 4/29/14 related to resident dignity.</p> <p>A whole house inservice was immediately given to staff related to resident dignity and respect. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Staff will be re-educated on resident dignity and respect on May 20, 2014 by the Clinical Education Coordinator.</p> <p>Customer Care Representatives will routinely question their assigned residents to assure that they feel that they are treated with respect and dignity.</p> <p>Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p>		

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services</p>		<p>The CQI tool titled "Dignity and Privacy" will be utilized by the Interdisciplinary team weekly times four, monthly times three and quarterly thereafter for at least six months to ensure compliance The CQI committee reviews the audits monthly and action plans are developed if a threshold of 95% is not met to ensure continual compliance. The CQI committee reviews Customer Care rounds monthly and action plans will be developed as needed to maintain all resident's dignity and respect. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary act. The Director of Nursing Services or her designee is responsible to monitor for compliance.</p> <p>Compliance Date: June 1, 2014</p>				

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	<p>that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to develop a resident care plan, related to Aspirin (a medication which can thin the blood), for 1 of 5 residents reviewed for unnecessary medications. (Resident #80)</p> <p>Findings include:</p> <p>Resident #80's record was reviewed on 04/29/14 at 3:16 p.m. The resident's diagnoses included, but were not limited to, symptomatic murmur (irregular heart beat).</p> <p>The Physician's Orders for March and April 2014, indicated an order for Aspirin (blood thinner) 81 mg (milligrams) once a day.</p> <p>There was lack of documentation to indicate the resident had a care plan to inform the staff of the risks of taking aspirin due to the blood thinning action of the medication.</p> <p>During an interview on 04/30/14 at 4:29</p>	F000279	<p>F279 Develop Comprehensive Care Plans</p> <p>It is the practice of this provider to use the results of the assessment to develop, review and revise the resident's comprehensive plan of care related to aspirin use.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #80 no longer resides in the facility.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents receiving aspirin have the potential to be affected by the alleged deficient practice. MDS coordinator will perform an audit of all residents to determine which ones are on aspirin and to ensure that there is a corresponding health care plan by 6/1/14.</p> <p>What measures will be put into</p>	06/01/2014

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	<p>p.m., the MDS (Minimum Data Set) Coordinator indicated there was not a care plan for Aspirin. She further indicated there should have been a care plan for Aspirin.</p> <p>During an interview with the DoN (Director of Nursing) on 05/01/14 at 10:50 a.m., she indicated there was not a policy on blood thinners or monitoring medication in general.</p> <p>3.1-35(a) 3.1-35(b)(1) 3.1-35(b)(2)</p>		<p>place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Upon admission, all residents' medications are reviewed by the admitting nurse and appropriate health care plans are developed. An additional review is completed by a nurse manager on the next business day following the admission to ensure that all medications have an appropriate corresponding health care plan if needed. On 5/23/14 the nurse staff will be inserviced related to reviewing medication upon admission and developing an appropriate health care plan by the Clinical Education Coordinator. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The CQI tool titled "Care Plan Review" will be utilized by the Interdisciplinary team weekly times four, monthly times three and quarterly thereafter for at least six months to ensure compliance. The CQI committee reviews the audits monthly and action plans are developed if a threshold of 95% is not met to ensure continual</p>	

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F000282 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 record review and interview, the facility failed to follow physician's orders and care plans, related to incorrect insulin administration and lack of monitoring daily vital signs for 1 of 5 residents reviewed for unnecessary medications and 1 of 3 residents reviewed for activities of daily living of the 14 who met the criteria for activities of daily living. (Resident #26 and #B)</p> <p>Findings include:</p> <p>1. The record for Resident #26 was reviewed on 4/29/14 at 1:49 p.m. The resident's diagnoses included, but were not limited to, diabetes mellitus type II, hypertension, and anemia.</p> <p>Review of the Physician Order Summary,</p>	F000282	<p>compliance.</p> <p>Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <p>The MDS coordinator or her designee is responsible to monitor for compliance.</p> <p>Compliance Date: June 1, 2014</p> <p>F282 Services by Qualified Persons/per Care Plan</p> <p>It is the practice of this provider to ensure that physician orders and care plans, related to insulin administration and monitoring of daily vital signs, are followed.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #B is no longer residing in the facility. Resident #26's insulin administration has been reviewed for compliance. Resident #26 is receiving insulin per physician's ordered sliding scale.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective</p>	06/01/2014

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	<p>dated April 2014, indicated an order for sliding scale (insulin given per blood glucose test result) Novolog Flexpen (insulin) subcutaneous (under the skin) three times a day, with the following doses: 0-111= 0 units 111-150= 1 unit 151-200= 2 units 201-250= 4 units 251-300= 6 units 301-350= 8 units 351-400= 10 units Greater than 400= 12 units Call Physician if greater than 500</p> <p>Review of the Medication Administration Record (MAR), dated March 2014, indicated the resident's blood glucose test result on 3/6/14 before dinner was 120 and no insulin was given. The resident should have received 1 unit of insulin. The resident's blood glucose test result on 3/14/14 before lunch was 150 and 2 units of insulin was given. The resident should have received 1 unit of insulin. The resident's blood glucose test result on 3/31/14 before breakfast was 120 and 2 units of insulin was given. The resident should have received 1 unit of insulin.</p> <p>Review of the MAR, dated April 2014, indicated the resident's blood glucose test result on 4/4/14 before breakfast was 157</p>		<p>action will be taken?</p> <p>All residents who have sliding scale insulin administration and daily vital signs orders and corresponding health care plans have the potential to be affected by the alleged deficient practice. Resident physician orders have been reviewed to determine which residents have sliding scale insulin orders or daily vital sign orders. Those residents were reviewed to determine that they have a corresponding health care plan. The medical records of those residents who have these orders will be reviewed daily by a nurse manager or her designee to ensure physician's orders are followed. On 5/23/14, the nurse staff will be re-educated regarding following physician orders and care plans related to sliding scale insulin administration and daily vital signs by the Clinical Education Coordinator. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Resident physician orders have been reviewed to determine which residents have sliding scale insulin orders or daily vital sign orders. Those residents were reviewed to</p>				

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	<p>and no insulin was given. The resident should have received 2 units of insulin.</p> <p>Review of the current care plans indicated the resident had a diagnosis of diabetes and had a potential for hypo or hyperglycemic reactions. The Nursing approaches included, "insulin/meds as ordered."</p> <p>During an interview with the Director of Nursing (DoN) on 5/1/14 at 11:33 a.m., she indicated the insulin should have been given according to the sliding scale.</p> <p>2. The record for Resident #B was reviewed on 4/30/14 at 11:00 a.m. The resident's diagnoses included, but were not limited to, multiple sclerosis, acute respiratory failure, hypertension, and emphysema.</p> <p>The resident was admitted to the facility on 4/2/14 and was discharged to the hospital on 4/26/14.</p> <p>Review of the Physician Order Summary dated April 2014, indicated an order for vital signs daily and to record vital signs in Matrix (computer charting system).</p> <p>Review of the care plans, dated 4/3/14, indicated the resident had a trach (tracheostomy) and received enteral</p>		<p>determine that they have a corresponding health care plan. The medical records of those residents who have these orders will be reviewed daily by a nurse manager or her designee to ensure physician's orders are followed. Any residents who have new orders for sliding scale insulin and /or vital signs will be reviewed daily by a nurse manager or her designee to ensure physician's orders are followed.</p> <p>On 5/23/14, the nurse staff will be re-educated regarding following physician orders and care plans related to sliding scale insulin administration and daily vital signs by the Clinical Education Coordinator.</p> <p>Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The CQI tools titled "Insulin Administration Monitoring" and "Change of Condition" will be utilized by the Interdisciplinary team weekly times four, monthly times three and quarterly thereafter for at least six months to ensure compliance.</p> <p>The CQI committee reviews the audits monthly and action plans are</p>	

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	<p>feeding (tube feeding). The Nursing approaches included, monitor VS (vital signs).</p> <p>Review of the MAR, dated April 2014, indicated the order for vital signs daily, had been initialed by nurses daily as completed 4/2/14 through 4/26/14 but there were no vital signs listed.</p> <p>Review of the Matrix vitals report, dated 4/2/14 through 4/26/14, indicated there were no daily vitals documented in the computer for 4/3/14, 4/4/14, 4/6/14, 4/8/14, 4/9/14, 4/11/14, 4/13/14, 4/16/14, 4/18/14, 4/20/14, 4/21/14, 4/22/14, 4/23/14, and 4/25/14.</p> <p>During an interview with the DoN on 5/2/14 at 12:18 p.m., she indicated some nurses documented daily vital signs on their daily report sheets. The DoN provided daily report sheets with daily vital signs documented for 4/3/14, 4/8/14, 4/9/14, 4/11/14, 4/21/14, and 4/22/14. She further indicated if the daily vitals were not on the report sheets she provided or documented in the computer, they had not been completed as ordered. She indicated the vitals should have been completed daily and documented in the computer.</p> <p>3.1-35(g)(2)</p>		<p>developed if a threshold of 95% is not met to ensure continual compliance.</p> <p>Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <p>The Director of Nursing Services or her designee is responsible to monitor for compliance.</p> <p>Compliance Date: June 1, 2014</p>				

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F000329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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 these drugs.</p> <p>Based on record review and interview, the facility failed to ensure residents were free from unnecessary medications related to incorrect insulin administration for 1 of 5 residents reviewed for unnecessary medications. (Residents #26)</p> <p>Findings include:</p> <p>The record for Resident #26 was reviewed on 4/29/14 at 1:49 p.m. The</p>	F000329	<p>F329 Drug Regimen is Free From Unnecessary Drugs</p> <p>It is the practice of this provider to ensure that each resident is free from unnecessary medications related to insulin administration.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #26's insulin administration has been reviewed for compliance.</p>	06/01/2014

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	<p>resident's diagnoses included, but were not limited to, diabetes mellitus type II, hypertension, and anemia.</p> <p>Review of the Physician Order Summary, dated April 2014, indicated an order for sliding scale (insulin given per blood glucose test result) Novolog Flexpen (insulin) subcutaneous (under the skin) three times a day, with the following doses: 0-111= 0 units 111-150= 1 unit 151-200= 2 units 201-250= 4 units 251-300= 6 units 301-350= 8 units 351-400= 10 units Greater than 400= 12 units Call Physician if greater than 500</p> <p>Review of the Medication Administration Record (MAR), dated March 2014, indicated the resident's blood glucose test result on 3/6/14 before dinner was 120 and no insulin was given. The resident should have received 1 unit of insulin. The resident's blood glucose test result on 3/14/14 before lunch was 150 and 2 units of insulin was given. The resident should have received 1 unit of insulin. The resident's blood glucose test result on 3/31/14 before breakfast was 120 and 2 units of insulin was given. The resident</p>		<p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents who have sliding scale insulin administration orders have the potential to be affected by the alleged deficient practice. Resident physician orders have been reviewed to determine which residents have sliding scale insulin orders. The medical records of those residents who have these orders will be reviewed daily by a nurse manager or her designee to ensure physician's orders are followed. Any residents who have new orders for sliding scale insulin will be reviewed daily by a nurse manager or her designee to ensure physician's orders are followed. On 5/23/14, the nurse staff will be re-educated regarding following physician orders related to sliding scale insulin administration by the Clinical Education Coordinator. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p>				

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	<p>should have received 1 unit of insulin.</p> <p>Review of the MAR, dated April 2014, indicated the resident's blood glucose test result on 4/4/14 before breakfast was 157 and no insulin was given. The resident should have received 2 units of insulin.</p> <p>Review of the current care plans indicated the resident had a diagnosis of diabetes and had a potential for hypo or hyperglycemic reactions. The Nursing approaches included, "insulin/meds as ordered."</p> <p>During an interview with the Director of Nursing (DoN) on 5/1/14 at 11:33 a.m., she indicated the insulin should have been given according to the sliding scale.</p> <p>3.1-48(a)(6)</p>		<p>All residents who have sliding scale insulin administration orders have the potential to be affected by the alleged deficient practice. Resident physician orders have been reviewed to determine which residents have sliding scale insulin orders. The medical records of those residents who have these orders will be reviewed daily by a nurse manager or her designee to ensure physician's orders are followed. Any residents who have new orders for sliding scale insulin will be reviewed daily by a nurse manager or her designee to ensure physician's orders are followed. On 5/23/14, the nurse staff will be re-educated regarding following physician orders related to sliding scale insulin administration by the Clinical Education Coordinator. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The CQI tools titled "Insulin Administration Monitoring" will be utilized by the Interdisciplinary team weekly times four, monthly times three and quarterly thereafter for at least six months to ensure compliance. The CQI committee reviews the</p>		

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F000385 SS=D	<p>483.40(a) RESIDENTS' CARE SUPERVISED BY A PHYSICIAN A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician.</p> <p>The facility must ensure that the medical care of each resident is supervised by a physician; and another physician supervises the medical care of residents when their attending physician is unavailable. Based on record review and interview, the facility failed to ensure a resident's personal physician responded timely after an attempt was made to contact the physician related to a change in a resident's condition for 1 of 1 residents reviewed for notification of change. (Resident #B)</p> <p>Findings include: The record for Resident #B was reviewed on 4/30/14 at 11:00 a.m. The resident's</p>	F000385	<p>audits monthly and action plans are developed if a threshold of 95% is not met to ensure continual compliance. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action. The Director of Nursing Services or her designee is responsible to monitor for compliance.</p> <p>Compliance Date: June 1, 2014</p> <p>F385 Resident's Care Supervised by a Physician It is the practice of this provider to ensure that a resident's personal physician responds timely to a change in a resident's condition. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident #B no longer resides in the facility. How will you identify other residents having the potential to be affected by the same deficient</p>	06/01/2014	

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	<p>diagnoses included, but were not limited to, multiple sclerosis, acute respiratory failure, hypertension, and emphysema.</p> <p>The resident was admitted to the facility on 4/2/14 and was discharged to the hospital on 4/26/14.</p> <p>Resident Progress Notes, dated 4/12/14 at 12:24 p.m., indicated, "...Res (resident) also noted to have thick white debris on her tongue, MD (Physician) faxed."</p> <p>Resident Progress Notes, dated 4/17/14 at 2:33 p.m., indicated, "N.O. (new order) rec'd (received) for Diflucan (an antifungal medication) 150 mg (milligrams) via peg-tube (feeding tube) qd (every day) x 3 days."</p> <p>Review of the Resident Progress Notes, dated 4/12/14 through 4/17/14, indicated there was no follow up with the Physician regarding the thick white debris on the resident's tongue until 4/17/14, 5 days after the change in condition.</p> <p>Resident Progress Notes, dated 4/13/14 at 10:32 a.m., indicated, "...Res (resident) w/ (with) temp (temperature) of 99.7 PRN (as needed) tylenol given @ (at) this time per order; lungs are clear, however, phlegm is yello [sic] to green MD</p>		<p>practice and what corrective action will be taken? All residents with a change in condition have the potential to be affected by this alleged deficient practice. DNS/Designee conducted a chart audit of residents who experienced a change of condition to ensure the physician was notified.</p> <p>Addendum: Acute Medical Changes will be handled per policy: (policy is attached)</p> <p>1. Any sudden or serious change in a resident's condition manifested by a marked change in physical or mental behavior will be communicated to the physician with a request for physician visit promptly and/or acute care evaluation. The licensed nurse in charge will notify the physician.</p> <p>2.If unable to contact the attending physician or alternate physician in a timely manner, notify the Medical Director for medical intervention.</p> <p>3.The responsible party will be notified that there has been a change in the resident's condition and what steps are being taken.</p> <p>4.All nursing actions/interventions will be documented in the medical record as soon as possible after resident needs have been met.</p> <p>5.All faxes sent to physicians will be reviewed for follow up at each shift change by the charge nurses. If any change of condition</p>				

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	<p>(physician) faxed request CXR (chest x-ray) to r/o (rule out) infex (infection)...."</p> <p>Review of Physician's Progress Notes, dated 4/17/14, indicated the Nurse Practitioner was in the facility and had seen the resident on 4/17/14.</p> <p>Physician Progress Notes, dated 4/18/14, indicated the Medical Director, who was not the resident's primary physician, visited the facility and had seen the resident on 4/18/14.</p> <p>Review of the Resident Progress Notes, dated 4/13/14 through 4/18/14, indicated there was no follow up with the Physician regarding the request for a chest x-ray until 4/17/14, 4 days after the change in condition.</p> <p>The resident was sent to the Emergency Room on 4/26/14 for distended abdomen and increased temperature.</p> <p>A hospital lab test result, CT (a diagnostic scan) Abd (abdomen)/Pelvis, dated 4/26/14 at 10:33 a.m., indicated " Impression...4. Bilateral lower lobe infiltrates (abnormal substance accumulated in the lungs) consistent with chronic atelectasis (partial or complete collapse of the lung) however active</p>		<p>faxes have not been addressed within 24 hours, the charge nurse will call the physician or the on call physician for notification and response. The nurse management team is responsible to review all faxes in the clinical meeting for timely responses. On 5/23/14, the Clinical Education Coordinator will re-educate the nurse staff related to change of condition follow up with the physician. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? All residents with a change in condition have the potential to be affected by this alleged deficient practice. DNS/Designee conducted a chart audit of residents who experienced a change of condition to ensure the physician was notified.</p> <p>Addendum: Acute Medical Changes will be handled per policy: (policy is attached)</p> <p>1. Any sudden or serious change in a resident's condition manifested by a marked change in physical or mental behavior will be communicated to the physician with a request for physician visit promptly and/or acute care evaluation. The licensed nurse in charge will notify the physician.</p>	

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	<p>pneumonia cannot be excluded."</p> <p>During an interview with the DoN, on 5/2/14 at 12:18 p.m., she indicated staff should have followed up with the resident's physician timely related to the resident's change in condition.</p> <p>A facility policy, titled Resident Change of Condition, dated 3/10, and received as current from the DoN, indicated "...3. Routine Medical Change...d. If the physician has not returned the call by the end of the shift, the oncoming nurse will be notified for follow up. e. If unable to contact attending physician or alternate timely, the Medical Director will be notified for response and intervention for the resident change in condition...."</p> <p>3.1-22(b)(2)</p>		<p>2.If unable to contact the attending physician or alternate physician in a timely manner, notify the Medical Director for medical intervention.</p> <p>3.The responsible party will be notified that there has been a change in the resident's condition and what steps are being taken.</p> <p>4.All nursing actions/interventions will be documented in the medical record as soon as possible after resident needs have been met.</p> <p>5.All faxes sent to physicians will be reviewed for follow up at each shift change by the charge nurses. If any change of condition faxes have not been addressed within 24 hours, the charge nurse will call the physician or the on call physician for notification and response.The nurse management team is responsible to review all faxes in the clinical meeting for timely responses. On 5/23/14, the Clinical Education Coordinator will re-educate the nurse staff related to change of condition follow up with the physician.Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The CQI tools titled "Change of Condition" will be</p>		

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F000431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only</p>		utilized by the Interdisciplinary team weekly times four, monthly times three and quarterly thereafter for at least six months to ensure compliance. The CQI committee reviews the audits monthly and action plans are developed if a threshold of 95% is not met to ensure continual compliance. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action. The Director of Nursing Services or her designee is responsible to monitor for compliance. Compliance Date: June 1, 2014				

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	<p>authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to ensure proper medication labeling for 1 of 29 medications given to 1 of 8 residents observed during the Medication Administration Observation. (Resident #24)</p> <p>Findings include:</p> <p>During the Medication Administration Observation on 5/1/14 at 9:59 a.m., the medication card label for Resident #24 indicated to administer 2 tablets of Klor-con (potassium supplement) 20 milliequivalents (meq) to equal 40 meq every day. During the observation LPN #1 administered 1 tablet of Klor-con to Resident #24.</p> <p>The Physician's Orders and Medication Administration Record (MAR) for the month of May 2014</p>	F000431	<p>F431 Drug Records, Labels/store Drugs & Biologicals</p> <p>It is the practice of this provider to ensure that each resident's medication is properly labeled.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #24's medications have been reviewed to ensure they are properly labeled.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents with a medication order change have the potential to be affected by the alleged deficient practice.</p> <p>Nurse managers will review any medication changes since May 1st, 2014 to ensure that they are properly</p>	06/01/2014

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	<p>indicated the following orders for Resident #24:</p> <p>1) Klor-Con 20 meq once a day at 9:00 a.m.</p> <p>2) Klor-Con 20 meq give 2 tablets to equal 40 meq once a day at 9:00 p.m.</p> <p>In an interview with LPN #1 on 5/1/14 at 10:43 a.m., she indicated the Klor-Con medication card was not labeled correctly according to the Physician's Orders. She further indicated a change of direction label should have been placed on the Klor-Con medication card.</p> <p>In an interview with Unit Manger #2 on 5/1/14 at 10:45 a.m., she indicated when a medication order was changed, the nurse was supposed to put a change of direction label on the medication card. She further indicated a change of direction label should have been put on the Klor-Con medication card but one had not been.</p> <p>A facility policy on Labeling of Medication dated 7/2011, and received as current from the Executive Director indicated "...6.03 MEDICATION DIRECTION CHANGES:... Apply a "LABEL CHANGE-CHECK MED SHEET"</p>		<p>labeled.</p> <p>Nurse Management will review all orders during clinical meeting. The Nurse Manager will review any medication order change to ensure the label has been corrected.</p> <p>Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>When a medication order is changed, the Charge Nurse is responsible to place a change of direction label "LABEL CHANGE-CHECK MED SHEET" on the medication card.</p> <p>The Charge Nurse is responsible to match the physician medication order to the instructions on the medication card before administering any medications.</p> <p>The nurse management team is responsible to review all medication order changes daily for accuracy comparing the order to the medication card.</p> <p>The Clinical Education Coordinator will re-educate the nurse staff on 5/23/14 related to proper procedure to follow for medication changes.</p> <p>Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p>		

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F000465 SS=E	<p>Sticker on to the medication card/container if the existing medication can be used for the new order...."</p> <p>3.1-25(j) 3.1-25(k)(5)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview the facility failed to maintain a functional and safe environment related to a bent bedroom window screen on the memory care unit allowing a gap to the outside, gouged walls, marred doors and walls, loose base molding, and cracked caulk on</p>	F000465	<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The CQI tool titled "Medication Storage Review" will be utilized by the Interdisciplinary team weekly times four, monthly times three and quarterly thereafter for at least six months to ensure compliance. The CQI committee reviews the audits monthly and action plans are developed if a threshold of 95% is not met to ensure continual compliance. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action. The Director of Nursing Services or her designee is responsible to monitor for compliance.</p> <p>Compliance Date: June 1, 2014</p> <p>F465 Safe/Functional/Sanitary/Comfortable Environment It is the practice of this provider to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p>	06/01/2014	

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	<p>3 of 4 units throughout the facility. (1 North, 1 West, & BCD units). This had the potential to affect 21 residents residing in the facility.</p> <p>Findings include:</p> <p>During an Environmental tour on 5/2/14 at 9:45 a.m., with the Maintenance Supervisor & Housekeeping/ Laundry Supervisor, the following was observed:</p> <p>1. 1 West</p> <p>a. There were mars to the inside of the door and to all of the walls in the bathroom between Rooms 160 & 162. Four residents shared this bathroom.</p> <p>b. The walls were marred and gouged and the caulk around the sink was cracked and coming away from the wall in the bathroom between Rooms 164 & 166. Four residents shared this bathroom.</p> <p>c. There were mars on the walls and the caulk around the sink and toilet was cracked and coming away from the wall in the bathroom between Rooms 173 & 175. Four residents shared this bathroom.</p> <p>2. 1 North Cottage Locked Memory Care Unit</p>		<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The walls and door of the bathroom between rooms 160 & 162 has been repaired.</p> <p>The walls and the sink caulk in the bathroom between rooms 164 & 166 have been repaired.</p> <p>The walls and the caulk around the toilet and sink in the bathroom between rooms 173 & 175 have been repaired.</p> <p>The window screen in room 155 A has been replaced.</p> <p>The walls and sink caulk have been cleaned and repaired in the bathroom for room 155.</p> <p>The sink caulk in the bathroom for room 154 has been repaired.</p> <p>The wall and the sink caulk have been repaired in the bathroom for room 151.</p> <p>The baseboard molding behind the toilet and the paint on the wall behind the sink in the bathroom between rooms 140 & 142 have been repaired.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>An inspection of all resident rooms</p>	

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	<p>a. A bedroom window screen in Room 155 A was bent upwards from the bottom sill, causing a gap to the outside which could fit a hand through. One memory care resident resided in this room.</p> <p>b. The walls were dirty and marred and the caulk around the sink was chipped away in the unattached bathroom for Room 155. Two residents used this bathroom.</p> <p>c. There was caulk chipped away around the sink in the bathroom in Room 154. Two residents resided in this room.</p> <p>d. There was a gouge to the wall behind the sink and the caulk around the sink was chipped away in the bathroom in Room 151. Two residents resided in this room.</p> <p>3. BCD Unit</p> <p>a. The baseboard molding behind the toilet was coming off and the paint was peeling from the wall behind the sink in the bathroom between Rooms 140 & 142. Three residents used this bathroom.</p> <p>Interview with the Maintenance Supervisor and the Housekeeping Supervisor at the time of the tour, indicated all of the areas were in need of</p>		<p>and bathrooms was conducted by the Executive Director to identify and repair any gouged walls, marred doors, loose molding, cracked caulking and broken window screens.</p> <p>Customer Service Representatives were inserviced by 5/24/14 related to noting any needed repairs and reporting them to the Maintenance Supervisor.</p> <p>During Customer Service room rounds, the Customer Service Representative will note any needed repairs and report them to the Maintenance Supervisor.</p> <p>Housekeeping staff were inserviced by 5/24/14 related to noting any needed repairs and reporting them to the Maintenance Supervisor.</p> <p>During daily cleaning, Housekeeping staff will note any needed repairs and report them to the Maintenance Supervisor.</p> <p>The Maintenance Supervisor or his designee will be responsible to ensure that all repairs are completed within a reasonable time frame.</p> <p>Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? Customer Service Representatives were inserviced by 5/24/14 related to noting any needed repairs and</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155152	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/02/2014
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	repair and no set schedule for repair was given. 3.1-19(f)		reporting them to the Maintenance Supervisor. During Customer Service room rounds, the Customer Service Representative will note any needed repairs and report them to the Maintenance Supervisor. Housekeeping staff were inserviced by 5/24/14 related to noting any needed repairs and reporting them to the Maintenance Supervisor. During daily cleaning, Housekeeping staff will note any needed repairs and report them to the Maintenance Supervisor. The Maintenance Supervisor or his designee will be responsible to ensure that all repairs are completed within a reasonable time frame. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The CQI tools titled "Environmental Safety-Resident Area" and "Quality Control Inspection Checklist - Housekeeping" will be utilized by the Interdisciplinary team weekly times four, monthly times three and quarterly thereafter for at least six months to ensure compliance with assessment and documentation		

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			<p>procedures.</p> <ul style="list-style-type: none"> · The CQI committee reviews the audits monthly and action plans are developed as the threshold of 95% is not met to ensure continual compliance. · Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action. · The Maintenance Supervisor or his designee is responsible to monitor for compliance. <p>Compliance Date: June 1, 2014</p>	