

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2013
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NAME OF PROVIDER OR SUPPLIER CARMEL HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 118 MEDICAL DR CARMEL, IN 46032
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F000000	<p>This visit was for the Investigation of Complaint IN00124553.</p> <p>Complaint IN00124553 substantiated, Federal deficiency related to the allegations is cited at F329.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: March 13 & 14, 2013</p> <p>Facility number: 000095 Provider number: 155181 AIM number: 100290490</p> <p>Survey team: Rita Mullen, RN</p> <p>Census bed type: SNF/NF: 116 SNF: 27 Total: 143</p> <p>Census payor type: Medicare: 24 Medicaid: 102 Other: 17 Total: 143</p> <p>Sample: 12</p> <p>These deficiencies also reflect state</p>	F000000	<p>This plan of correction is to serve as Carmel Health and Living's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Carmel Health and Living 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.</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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	findings cited in accordance with 410 IAC 16.2. Quality Review completed by Tammy Alley RN on March 21, 2013.				

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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, observation and interview, the facility failed to follow a physician's order regarding the type of treatment and frequency of treatment for a resident's pressure ulcer for 1 of 3 residents reviewed for pressure ulcer treatment and prevention. (Resident D)</p> <p>Findings include:</p> <p>During a tour of the Rehabilitation unit with the unit manager on 3/13/13 at 10:45 a.m., the date recorded on the dressings to Resident D's right heel and right toe was 3/11/13.</p> <p>The clinical record of Resident D was reviewed on 3/13/13 at 12:14 p.m.</p> <p>Diagnoses included, but were not limited to, weakness, high blood pressure and congestive heart failure.</p> <p>A physician's order, dated 2/4/13, indicated "Skin prep r [right] heel daily."</p> <p>A physician's order, dated 3/11/13,</p>	F000282	<p>F282 483.20 (k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>I. Resident D received a treatment change at the time of the identified concern. Resident D receives wound care treatment per physician order. II. Residents receiving wound treatments for pressure ulcers have the potential to be affected by the alleged deficient practice. The facility conducted a 100% audit of residents receiving wound care to ensure that treatments are being completed per physician order. Any issues identified were corrected immediately. III. Education was provided to licensed nurses on following physician orders for wound care treatments, by the Director of Nursing Services, or designee, on 3/26/13, and ongoing. The systemic change includes a) the Wound MD rounds with the nurse managers weekly and any new orders will be reviewed by the managers to determine the correct treatment was noted on the TAR, and b) that all licensed nurses will be</p>	04/05/2013	

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	<p>indicated "R [right] Great toe - skin prep daily & leave open to air."</p> <p>During an interview with the unit manager on 3/13/13 at 12:00 p.m., she indicated the right heel and right great toe were not supposed to be covered with dressings. They were to be left open to air and treated daily. The treatment was not done on 3/12/13.</p> <p>3.1-35(g)(2)</p>		<p>provided education on following physician orders for wound care upon hire and annually, and c) employees who fail to comply with completing dressing changes per physician order will receive education/disciplinary action, up to and including termination. The Director of Nursing is responsible for compliance with dressing changes. IV. Nurse manager, or designee will audit through visual inspection of residents receiving wound care for pressure ulcers to determine physician orders are being followed. This review will be done for all residents receiving wound care for pressure ulcers 5 times a week for 4 weeks. Following this initial 4 weeks, random review of a minimum of 5 residents will occur on each of the 6 units (total of 30 records) weekly for 8 weeks, and then monthly for an additional 9 months to total 12 months of audits to determine that wound care is provided per physician order. Any identified concerns from audits will be addressed immediately. The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting if 100% compliance is not met and</p>		

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			frequency and duration of reviews will be adjusted as needed. COMPLIANCE DATE: 4/5/13		

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F000314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on record review, observation and interview, the facility failed to follow the frequency and type of treatment ordered for a resident with a pressure ulcer to the right heel and an open area on the right great toe. 1 of 3 residents reviewed for pressure ulcer treatment and prevention. (Resident D)</p> <p>Findings include:</p> <p>During a tour of the Rehabilitation unit with the unit manager, on 3/13/13 at 10:45 a.m., the date recorded on the dressings to Resident D's right heel and right toe was 3/11/13.</p> <p>The clinical record of Resident D was reviewed on 3/13/13 at 12:14 p.m.</p> <p>Diagnoses included, but were not limited to, weakness, high blood</p>	F000314	<p>F314 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>I. Resident D received a treatment change at the time of the identified concern. Resident D receives wound care treatment per physician order.</p> <p>II. Residents receiving wound treatments for pressure ulcers have the potential to be affected by the alleged deficient practice. The facility conducted a 100% audit of residents receiving wound care to ensure that treatments are being completed per physician order. Any issues identified were corrected immediately.</p> <p>III. Education was provided to licensed nurses on following physician orders for wound care treatments, by the Director of Nursing Services, or designee, on 3/26/13, and ongoing. The systemic</p>	04/05/2013	

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	<p>pressure and congestive heart failure.</p> <p>A physician's order, dated 2/4/13, indicated "Skin prep r [right] heel daily."</p> <p>A physician's order, dated 3/11/13, indicated "R [right] Great toe - skin prep daily & leave open to air."</p> <p>During an observation of the dressing change of Resident D's right heel and right great toe, on 3/13/13 at 11:35 a.m., by LPN #2 kerlix was noted to be wrapped around the heel and a separate section of kerlix wrapped around the right great toe. An area of dark brown drainage, two inches in diameter, was noted to the posterior of the right heel dressing. The kerlix was stuck to the wound and had to be removed by soaking the kerlix with saline. The wound appeared to have a large intact scab over the area.</p> <p>During an interview with the unit manager, on 3/13/13 at 12:00 p.m., she indicated the right heel and right great toe were not supposed to be covered with kerlix. They were to be left open to air and treated daily. The treatment was not done on 3/12/13.</p> <p>3.1-40(a)(2)</p>		<p>change includes a) the Wound MD rounds with the nurse managers weekly and any new orders will be reviewed by the managers to determine the correct treatment was noted on the TAR, and b) that all licensed nurses will be provided education on following physician orders for wound care upon hire and annually, and c) employees who fail to comply with completing dressing changes per physician order will receive education/disciplinary action, up to and including termination. The Director of Nursing is responsible for compliance with dressing changes. IV. Nurse manager, or designee will audit through visual inspection of residents receiving wound care for pressure ulcers to determine physician orders are being followed. This review will be done for all residents receiving wound care for pressure ulcers 5 times a week for 4 weeks. Following this initial 4 weeks, random review of a minimum of 5 residents will occur on each of the 6 units (total of 30 records) weekly for 8 weeks, and then monthly for an additional 9 months to total 12 months of audits to determine that wound care is provided per physician</p>		

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			<p>order. Any identified concerns from audits will be addressed immediately. The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting if 100% compliance is not met and frequency and duration of reviews will be adjusted as needed. COMPLIANCE DATE: 4/5/13</p>		

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F000329 SS=D	<p>483.25(I) 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 prevent a resident with a documented allergy, to a medication, from receiving the medication for 1 of 12 residents reviewed for medication allergies. (Resident C)</p> <p>Findings include:</p> <p>The clinical record of Resident C was reviewed on 3/13/13 at 1 p.m.</p>	F000329	<p>F329 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS. I. Resident C no longer resides in the building. II. Residents with documented allergies have the potential to be affected by the alleged deficient practice. The facility completed a 100% audit to determine residents with allergies a) have documentation of the allergies on the resident's monthly orders, and b) are not receiving</p>	04/05/2013	

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	<p>Diagnoses included, but were not limited to, weakness, high blood pressure and hypothyroidism.</p> <p>A physician's order, dated 7/23/12, indicated "[change] tramadol [a pain medication] to 100 mg po [by mouth] q [every] 6 [hours]. Norco [a pain medication with tylenol included] 5/325 ii [two] po q 4 [hours] scheduled. pt [patient] may take i [one] instead of two if she wishes."</p> <p>A Medication Administration Record, dated July 2012, indicated allergies to tylenol, darvon, keflex and penicillin. These medications would cause hives. The record also indicated the resident received norco 5/325 two tabs on 7/24/12 at 12:00 a.m., 4:00 a.m., 8:00 a.m. and 12:00 p.m. The medication was discontinued on 7/24/12.</p> <p>A Nursing note, dated 7/24/12 at 1:19 a.m., indicated "Res [resident] resting in bed at this time, respirations even and unlabored. Received scheduled Norco tabs this pm [sic]; reports left lower extremity discomfort to be diminished...."</p> <p>A Nursing note, dated 7/24/12 at 11:53 p.m., indicated "Res resting in bed at this time, respirations even</p>		<p>contraindicated medications. Any issues identified were corrected immediately. III. Education was provided to licensed nurses and QMAs on verification of allergies prior to medication administration, by the Director of Nursing, or designee, on 3/26/13, and ongoing. The systemic change includes a) consultant pharmacist audit of resident charts to ensure residents are not receiving contraindicated medications, and b) an audit of new admission charts to ensure allergies listed in the resident's hospital paperwork were transferred to the facility admission paperwork, and c) employees who administer medications that are contraindicated to the resident will receive education/disciplinary action, up to and including termination. The Director of Nursing is responsible for compliance with unnecessary medications. IV. Nurse managers will review new medication orders to determine residents with allergies do not receive contraindicated medications. This review will be done 7 times a week for 8 weeks. Following this initial 8 weeks, random review of a minimum of 5 residents will occur on each of the 6 units</p>				

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	<p>and unlabored, Res Norco dc'd [discontinued] related to tylenol allergy..."</p> <p>During an interview with the Director of Nursing, on 3/14/13 at 3:30 p.m., she indicated the norco was taken from the emergency drug kit and the nurse has to get permission from the pharmacy before a medication can be removed. The nurse or the pharmacy should have caught the tylenol in the norco.</p> <p>This Federal tag relates to Complaint IN00124553.</p> <p>3.1-48(a)(5)</p>		<p>(total of 30 records) weekly for 16 weeks, and then monthly for an additional 6 months to total 12 months of audits to determine that residents do not receive contraindicated medications. In addition, the consultant registered pharmacist will focus on contraindicated medications for the next three months and any discrepancies will be reported to the attending physician and Director of Nursing. Any identified concerns from audits will be addressed immediately. The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. COMPLIANCE DATE: 4/5/13</p>		