

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155358	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/14/2013
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NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 3300 POPLAR ST TERRE HAUTE, IN 47803
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint #IN00135014.</p> <p>Complaint #IN00135014 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey Dates: 9/9-14/2013</p> <p>Facility Number: 000249 Provider Number: 155358 AIM Number: 100267640</p> <p>Survey Team: Laura Brashear, RN, TC Mary Weyls, RN Karen Hartman, RN 9/9, 11-13/13</p> <p>Census Bed Type: SNF/NF: 64 Total: 64</p> <p>Census Payor Type: Medicare: 13 Medicaid: 38 Other: 13 Total: 64</p> <p>These Deficiencies also reflect State Findings in accordance with 410 IAC 16.2</p>	F000000	<p>Please accept this HCFA plan of correction as credible compliance for survey alligation on September 14, 2013. This facility has always and will continue to give excellant care to all residents. This survey in no way represents the actual care given.</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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	Quality review completed on 09/122/2013 by Brenda Marshall Nunan, RN.			

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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 clinical record review and interview the facility failed to provide services in accordance with a written plan of care for 1 of 3 residents who met the criteria for pressure ulcers, in that a physician's order to promote wound healing was not implemented. (Resident #6)</p> <p>Finding includes:</p> <p>Resident #6's clinical record was reviewed on 9/14/13 at 10:20 a.m.</p> <p>A dietary note dated, 8/2/13, made a recommendation for "Therapeutic MVI/minerals w [with] zinc supplement for wound healing support..."</p> <p>A physician's order was received on 8/28/13, for "Vit (vitamin) D 1000/U (units) ...qd (every day). Documentation was lacking to indicate the resident received the medication for 16 days after is was ordered.</p> <p>The DONA (Director of Nursing</p>	F000282	<p>The dietician recommendations was called to the physician on August 10, 2013 (#1). The physician did not respond until August 21, 2013 (II and III) stating present feeding was enough for wound healing. Resident #6 had another appointment with a different physician on August 28, 2013 (IV) who ordered Vitamin D 1,000 units PO every day. (resident has a g-tube). A clarification was then received on September 14, 2013 at at 1900 hours for vitamin D liquid via g-tube every day, DX of Vitamin D deficiency (#V), At 2315 on September14, 2013 another clarification order was called in per pharmacy and physician to change orders to Vitamin D, 1,000 units every day crush and administer per g-tube, DX; Vitamin D deficiency (VI). Because of all the different orders being given this resident did not receive this medication on a timely manner. To ensure that this resident and all other resident of this facility receive their medicine on a timely manner the facility policy will be changed to include; a copy of orders will be picked up or put in the DON'S mailbox every morning for her</p>	10/14/2013	

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	<p>Assistant) was interviewed on 9/14/13 at 3:38 p.m. The DONA indicated the resident had not received the Vitamin D.</p> <p>An undated facility policy titled "Policy and Procedure for Physician orders", received from the DONA on 9/14/13 at 3:30 p.m., indicated, but was not limited to the following: " A duplicate copy of all new physician orders obtained during each shift will be attached to the 24 hr (hour) report sheet.... First dose of medication(s) are to be given from the EDK (emergency drug kit), or back up of pharmacy, as applicable.....Pharmacy notified by fax and/or telephone of new orders."</p> <p>3.1-35(g)(2)</p>		<p>review. She will then follow up daily to ensure timeliness. If orders are not acted upon the physician will be called until order received. Also an in-service will be held on October 1, 2013 for all nursing staff. Nurse #1 will receive a skills test on September 27, 2013 for g-tube feeding and placement, and medication per g-tube. These changes will be monitored by the Administrator, DON and ADON. Addendum to F282All orders will be picked up or put in the DON's mailbox daily. The DON will review orders and follow up daily to ensure timeliness manner and completion. All orders requiring clarification will be completed within 24-hours. If needed the physician will be notified for follow up. This will be monitored by the Administrator, DON and ADONSee attachment.</p>		

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F000322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that --</p> <p>(1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and</p> <p>(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident with a continuous gastrostomy tube (g-tube) feeding received the appropriate services for medication administration for 1 of 1 random observation of a resident receiving medications through a gastrostomy tube. (Resident #6)</p> <p>Finding includes:</p> <p>On 9/13/13 at 12:52 p.m., LPN #1 was observed to administer a medication to Resident #6 through a gastrostomy tube. The resident had a continuous feeding infusing. The LPN stopped the feeding pump, disconnected the tubing, attached a</p>	F000322	All nurses at this facility are trained on proper procedure for g-tubes. Nurse #1 did not follow this procedure. There has not been a problem with resident #6 receiving his nutrition or medications via g-tube. Policy and procedure has been followed. To prevent this resident and all other residents with a g-tube from having a reoccurrence of this deficiency an in-service will be held for all nursing personnel on the proper way to do central feeding. Nurse #1 will perform a skills test and a 1 on 1 in-service with the in-service nurse who will report results to the Administrator, DON and ADON. A skills test will be given to 1 or 2 nurses randomly hereafter to ensure nurses continue to follow proper procedure. This will be	10/14/2013	

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	<p>syringe to the g-tube. The nurse flushed the tube with water, followed by crushed and diluted medication, flushed after the medication with water. The nurse reconnected the tube feeding and started the pump. The nurse was interviewed and indicated she had checked the tube placement/residual earlier in the morning.</p> <p>The resident's physician's orders were reviewed on 9/14/13 at 12:15 p.m. A physician's order to give medications through g-tube was dated 6/14/13.</p> <p>A facility policy titled "Enteral Feeding Tube Administering Oral Medication," (no date) provided by Medical Records RN on 9/14/13 at 11:29 a.m. included but was not limited to, "Policy: It is the policy of this facility that all oral medication will be given through Enteral Feeding tube by the following procedure. Procedure: 4. Verify placement of Enteral Feeding Tube. 10. Restart continuous Enteral Feeding 30 minutes after medications given."</p> <p>A policy titled "Verify placement of nasogastric Tubes," (no date) provided by the Medical Records RN on 9/14/13 at 12:13 p.m. included, but</p>		monitored by the DON, ADON, In-service Nurse and QA team		

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	<p>was not limited to, "POLICY: It is the policy of this facility to check placement of External feeding, (G-Tubes), before giving medications by following this procedure. ...Verify tube placement. A. Unclamp tube and use either one of the following procedures: 1. insert a small amount of air into the tube with the syringe and listen to stomach with stethoscope for gurgling sounds; or 2. aspirate stomach contents with syringe. Check residual. ..."</p> <p>On 9/14/13 at 12:13 the RN indicated placement is to be checked before administering all medications.</p> <p>3.1-44(a)(2)</p>				

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F000441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review the facility failed to</p>	F000441	Proper cleaning of all glucose monitors is followed by this	10/14/2013	

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	<p>ensure sanitation precautions were maintained for cleansing of contaminated reusable equipment for observation of 1 of 4 medication cart containing two blood glucose meters utilized for four residents. (Resident#6, and #73, #99, and #109)</p> <p>Finding includes:</p> <p>On 9/13/13 at 12:00 p.m. LPN #1 was interviewed. The nurse indicated she had just checked Resident #73's blood sugar. The nurse indicated there were two glucose monitors in use on the cart. She indicated she had been using alcohol swabs to cleanse the meters in between resident use for a couple of weeks as the product "PDI Super Sani-Cloth" germicidal disposable wipes on the cart were expired and the facility had not gotten any more. The nurse thought the Director of Nursing (DON) or the Director of Nursing Assistant (DONA) had instructed her to do that.</p> <p>On 9/13/13 at 2:40 p.m., RN #2, was interviewed. The RN indicated she worked evening shift and would perform accu-checks on the same residents. The RN indicated she utilized the Sani-Cloths that she would get from another cart to</p>		<p>facility. This is evidenced by the use of two monitors on each cart due to the drying time required after each use, which is 2 minutes after using germicide disposable wipes. One is drying while the other is in use. Nurse #1 did not check the dates on the wipes. There were not outdated, they were in an outdated box. This was shown to the surveyor. New boxes will be placed in the cart when opened; they will discard the old box. Nurse #1 is the only nurse who used alcohol on the glucometers. This nurse should have checked to see where wipes were since she knows we don't use alcohol nor do we go without having wipes. An order of wipes was called in on August 20, 2013 and received on August 26, 2013. To ensure residents #6,73, 99 and 109 plus all other residents receiving accu-checks are insured of receiving proper sanitation an in-service will be held for all nursing personnel on the proper policy, procedure and manufactures guidelines of santi-cloths wipes for infection control. Nurse #1 will have a 1on1 in-service on September 27, 2013. All nurses will also be shown the storage areas in central supply in basement and supply areas on east and west wings nurse's station where wipes are kept. Nurse #1 will be shown 1 on 1 on September 27, 2013. This will ensure all residents of</p>				

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	<p>cleanse the meters in between use. The RN indicated she had never used the alcohol swabs.</p> <p>The DON was interviewed on 9/13/13 at 2:31 p.m. The DON indicated none of the four residents utilizing the meters had any blood borne diseases. The DON indicated sani-wipes were available in the facility and indicated staff should have obtained and cleaned the glucometer with the Sani-Cloths.</p> <p>Residents #99, #73, #6, and #109 physicians' orders were reviewed on 9/14/13 at 11:00 a.m. Resident #109 had a physician's order, dated 8/20/13 to check blood sugar levels before meals and at hour of sleep. Resident #99 had a physician's order, dated July 4, 2013, to check blood sugar before meals and provide sliding scale insulin coverage as needed. Resident #73 had a physician's order, dated 10/1/12, to check blood sugar before meals and at bedtime and provide sliding scale insulin as needed. Resident #6 had a physician's order, dated 5/23/11, to check blood sugar every four hours.</p> <p>The policy titled "Policy and Procedure For Disinfecting of Blood Glucometer," (no date) "Purpose: To</p>		<p>this facility are kept infection free. This will be monitored by the DON, ADON, In-service nurse and QA team Addendum to F441 To ensure all glucose monitors are cleaned properly and to meet all infection control guidelines. Nursing personnel will document in Blood Glucose sheet each use that monitor was cleaned. Also weekly spot checks will be done on each shift and documented. Both documents will be brought to monthly QA meeting. If there is a discrepancy found when doing weekly spot checks it will be brought into the next morning meeting and acted upon. All this will insure infection control and cleanliness monitored properly. QA Committee, Infection Control, DON and ADON will monitor thisCompletion Date: 11/6/13See attachments</p>				

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	<p>assure proper cleansing and disinfection or sterilization of reusable blood glucometer before use on another resident. To prevent cross-transmission of blood borne pathogen disease. Procedure: 1. After the use of the glucometer with each resident, disinfect glucometer with germicidal disposable wipe. 2. Follow the germicidal disposable wipe general guidelines for proper cleansing recommendations. ..."</p> <p>The glucometer manufacturer's directions, dated 8/10, provided by the DON on 9/13/13 at 3:07 p.m., included, but was not limited to, "Cleaning and disinfecting can be completed by using a commercially available EPA-registered disinfectant detergent or germicide wipe."</p> <p>On 9/13/13 at 3:07 p.m. the DON provided the manufacturer's directions for the "Super Sani-Cloth," (no date). The DON indicated it was the product utilized in the facility for sanitizing the glucometer. The directions included, but was not limited to, "...EPA registered; meets CDC (Center for Disease Control) ... guidelines-Maintain compliance to protocols. ... thoroughly wet surface...remain visible wet for a full two minutes...let air dry."</p>						

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