

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155636	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/19/2014
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NAME OF PROVIDER OR SUPPLIER  HARRISON TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1924 WELLESLEY BLVD INDIANAPOLIS, IN 46219
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F000000	<p>This visit was for Investigation of Complaint IN000150753.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on May 1, 2014.</p> <p>This visit was also in conjunction with a PSR to the Investigation of Complaint IN000149626 completed on 5/21/2014.</p> <p>Complaint IN000150753- Substantiated. Federal/state deficiencies related to the allegations are cited at F 309.</p> <p>Survey Dates: June 18, &amp; 19, 2014.</p> <p>Facility number: 000241 Provider number: 155636 AIM number: 100291310</p> <p>Survey Team: Courtney Mujic, RN- TC Beth Walsh, RN (June 18, 2014) Karina Gates, Medical Surveyor Tom Stauss, RN</p> <p>Census Bed Type: SNF/NF: 102 Total: 102</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 this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after July 7, 2014.</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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F000309 SS=D	<p>Census Payor Type: Medicare: 12 Medicaid: 82 Other: 8 Total: 102</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 26, 2014 by Cheryl Fielden, RN.</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 interview and record review, the facility failed to ensure the correct laboratory test was obtained, as ordered, for a resident, and to ensure the resident did not have blood drawn from his arm containing his dialysis port site in order to maintain the integrity of the fistula for 1 of 2 residents reviewed for dialysis. (Resident #A)</p>	F000309	<p>This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after July 7, 2014.</p> <p><b>F309 Provide care/ services for highest well being</b></p>	07/07/2014

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	<p>Findings include:</p> <p>The clinical record for Resident #A was reviewed on 6/19/14 at 10:00 a.m. The diagnoses for Resident A included, but were not limited to, renal disease.</p> <p>The 5/27/14 MDS (minimum data set) assessment for Resident #A indicated he received dialysis.</p> <p>The June, 2014 Physician Order Report for Resident #A indicated, "Assess site: left AV fistula" and to check blood pressure twice daily upon return from dialysis on Tuesday, Thursday, and Saturday.</p> <p>The 6/9/14 Physician Telephone Order for Resident #A indicated, "CBC (complete blood count) (symbol for "with") diff (differential) today Phenergan supp (suppository) 25 mg x 1 now due to emesis/nausea." The order did not indicate the site from which the lab was to be drawn.</p> <p>The 6/9/14 lab requisition form, hand completed by the facility, indicated the lab to be drawn was a "CBC No DIFF", not a CBC with Diff as ordered. The requisition did not indicate the lab was to be drawn from the right arm only, or not</p>		<p>It is the practice of this providerto ensure that all alleged violations involving the notice to residents ofrights, rules, services, and charges are in accordance with State and Federal law.</p> <p><b>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</b></p> <p>MD and dialysis clinic forresident A were notified of the blood draw to the residents dialysis port/site/ arm. Residents arm was assessedand no negative findings. Lab was re-notifiedof residents arm restriction.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents receiving dialysiswho have arm restrictions have the potential to be affected by this allegeddeficient practice. All resident receiving labs have the potential to beaffected.</p> <p>Licensed nursing staff wereeducated on completing a lab requisition form and the importance of identifyingarm restrictions in the additional comments section on or before 7/7/14 by theClinical Educations Coordinator/ or designee.</p>	

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	<p>to draw from the left arm. The "Lab Use Only" section of the requisition form indicated the CBC lab was drawn from Resident A's left arm.</p> <p>The 6/9/14 lab results indicated the performed test name was "CBC W/O Diff", not a CBC with Diff as ordered.</p> <p>A telephone interview was conducted with a family member of Resident #A's, Family Member #1, on 6/19/14 at 2:08 p.m. He indicated he was at dialysis with Resident A on 6/10/14, when the dialysis nurse noted Resident #A had blood drawn from the arm with the dialysis port in it. He stated, "I just know they told me it shouldn't have been done, and he could have bled out."</p> <p>An interview was conducted with Unit Manager #2 on 6/19/14 at 10:58 a.m. He indicated, "The nurse or unit manager puts in the order. (Name of laboratory company) comes and does the draw. We normally call dialysis, and ask them which arm the blood should be drawn from, because normally it's not drawn from the arm with the fistula."</p> <p>On 6/19/14, at 11:33 a.m., Unit Manager #2 provided a copy of a blank lab requisition form. He pointed to the "Additional Comments" section and the</p>		<p>House audit of all residents receiving dialysis or arm restrictions was performed to ensure appropriate notification to the lab of restrictions.</p> <p>When a lab order is obtained, the facility nurse will complete the lab requisition via computer or paper requisition. The nurse will indicate arm restrictions in the additional comments section. The nurse management team will review all lab blood draw requisitions Monday thru Friday to ensure appropriate notification of arm restrictions. House Supervisor will review lab requisitions on Saturdays and Sundays.</p> <p>All labs orders received with in the last 7 days were reviewed to ensure labs were performed per physician's orders by DNS/Designee.</p> <p><b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</b></p> <p>When a lab order is obtained, the facility nurse will complete the lab requisition via computer or paper requisition. The nurse will indicate arm restrictions in the additional comments section. The nurse management team will review all lab</p>	

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	<p>"Customary Profiles/Extra Tests" section and stated, "The right arm only would go in the additional comments section or customary profiles/extra tests section, anywhere that would let them know which arm to draw from." Regarding whether he recalled this particular situation of Resident #A having blood drawn from his left arm, he indicated, "I remember dialysis called, and told us to ensure it's not drawn from the fistula arm. Prior to them calling, our process for ensuring it's not drawn from the fistula arm, is to write it on the requisition or typed in notes on a computer requisition."</p> <p>An interview was conducted with the DON (Director of Nursing) on 6/19/14 at 11:44 a.m. She indicated, "I know it's a standard practice to not draw from the arm with the fistula. We wouldn't want to do anything to jeopardize the integrity of the access site."</p> <p>Another interview was conducted with DON on 6/19/14 at 1:54 p.m. She indicated, "I don't have any policies on filling out the requisition. The day the blood draw happened, he had a cotton ball secured with tape. You could feel the vibration where I took the Band-Aid off."</p> <p>This federal tag relates to Complaint #IN00150753.</p>		<p>blood draw requisitions Monday thruFriday to ensure appropriate notification of arm restrictions and to ensure thelab order matches the physician order. House Supervisor will review lab requisitions on Saturdays and Sundays.</p> <p>Licensed nursing staff wereeducated on completing a lab requisition form and the importance of identifyingarm restrictions in the additional comments section on or before 7/7/14 by theClinical Educations Coordinator/ or designee.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficientpractice will not recur, i.e. what quality assurance program will be put intoplace?</b></p> <p>A lab diagnostics CQI will be completedfor 6 months with audits being completed once weekly for one month, thenmonthly thereafter for a total of 6 months by a nurse manager or designee.</p> <p>A lab diagnostics CQI tool will be reviewedmonthly by the CQI Committee for six months after which the CQI team willre-evaluate the continued need for the audit. If a 100% threshold is notachieved an action plan will be developed.</p> <p>Deficiency in this practice willresult</p>	

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	3.1-37(a)		in disciplinary action up to and including termination of the responsible employee.  Date of Compliance 7/7/14		