

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155289	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/08/2016
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NAME OF PROVIDER OR SUPPLIER  COLONIAL OAKS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4725 S COLONIAL OAKS DR MARION, IN 46953
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00194456 and IN00194894.</p> <p>Complaint IN00194456-Substantiated. Federal/State deficiency related to the allegation is cited at F241.</p> <p>Complaint IN00194894-Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: March 4 and March 8, 2016.</p> <p>Facility number: 000186 Provider number: 155289 AIM number: 100266300</p> <p>Census bed type: SNF/NF: 101 Total: 101</p> <p>Census payor type: Medicare: 24 Medicaid: 62 Other: 15 Total: 101</p> <p>Sample: 5</p>	F 0000		

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 0176 SS=D Bldg. 00	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on March 10, 2016.</p> <p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. Based on observation, interview and record review, the facility failed to ensure a resident was assessed for self-medication administration of respiratory medication and oral medication prior to self-administering for 1 of 1 residents observed for medication administration (Resident F).</p> <p>Findings include:</p> <p>The clinical record for Resident F was reviewed on 3/8/16 at 4:00 p.m. Diagnoses included, but were not limited to, chronic respiratory failure, anxiety, hypertension, arterial fibrillation and Chronic Obstructive Pulmonary Disease (COPD). The Minimum Data Set</p>	F 0176	<p>Colonial Oaks respectfully requests this agency consider paper compliance for the following plan of correction as opposed to a post survey revisit. We are willing to submit any and all documentation as requested to assure our credible compliance with the deficiencies noted in the following CMS-2567. We are hereby providing our Plan of Correction. Please accept this Plan of Correction as our credible allegation of compliance. F 176 The facility is unable to correct the alleged deficient practice for resident F. All residents have the potential to be affected by the alleged deficient practice. Nursing personel responsible for medication administration will be in-serviced regarding self</p>	03/29/2016			

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	<p>assessment, dated 3/2/16, indicated Resident F was cognitively intact.</p> <p>During a routine tour on 3/8/16 at 3:40 p.m., Resident F had a respiratory nebulizer mouthpiece in his mouth with the machine running. The nurse was at the end of the hall at her medication cart. Upon entering the room, Resident F had removed his mouthpiece and had just taken a pill from a medication cup and placed it into his mouth. He then threw the medication cup into the trash. He indicated "they [pill] are the ones they give me."</p> <p>Resident F had a current, 1/27/16, care plan problem/need regarding chronic COPD related to asthma. Approaches to this problem included, but were not limited to, "Respiratory medications as ordered and Medication as ordered."</p> <p>Resident F had another care plan problem/need regarding chronic respiratory failure with hypoxia. Approaches to this problem included, but were not limited to, "I will report and you will observe for any changes in my breathing patterns, congestion...temperature."</p> <p>Review of a current physician's order, dated 2/17/16, Resident F had an order</p>		<p>administration and nebulizer policies. DON/ADON/Unit Managers will observe medication passes as well as nebulizer treatments 3 times a week for 4 weeks, 2 times a week for 4 weeks, 1 time a week for 4 weeks and then monthly thereafter ongoing. Results of medication passes and nebulizer observations will be reviewed monthly during the QAPI committee meetings ongoing.</p>	

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	<p>for Albuterol (bronchodilator) 0.083% to be given four times daily for COPD. An order, dated 3/7/16, indicated Resident F received sodium chloride 1 gram twice daily for 5 days.</p> <p>During an interview on 3/8/16 at 3:55 p.m., RN #1 indicated she had just given Resident F a sodium chloride pill and told him to take his pill when he was done with his respiratory treatment. She indicated she was unaware if Resident F had been assessed to self-medicate.</p> <p>On 3/8/16 at 4:00 p.m., Unit Manager #2 indicated Resident F was not able to self-medicate because she was the person who did the assessment for self-medication.</p> <p>Review of a facility policy, dated 3/14, titled "Self-Administration of Medication" was provided by the Director of Nursing (DON) on 3/8/16 at 4:08 p.m. It indicated the following:</p> <p>"POLICY To establish guidelines concerning the self-administration of drugs. General Guidelines: 1. A resident may not be permitted to administer or retain any medication in his/her room unless so ordered, in writing, by the attending physician."</p>			

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F 0241	<p>A current, 8/14, facility policy titled "NEBULIZER THERAPY", was provided by the DON on 3/8/16 at 4:08 p.m. It indicated the following:</p> <p>"Purpose:</p> <ol style="list-style-type: none"> <li>1. To deliver microscopic moisture droplets into the lower respiratory tract.</li> <li>2. to sooth irritated mucous membranes.</li> <li>3. To aid in removal of thick secretions from the lower respiratory tract.</li> </ol> <p>Performed by: Licensed Nursing or Respiratory Therapist</p> <p>...Procedure: ...2. When delivering the treatment, stay with the resident until the procedure has been completed, unless the resident has completed a self-administration of medications indicating that they are capable to monitor their progress during treatment."</p> <p>3.1-11(a)</p>			
	483.15(a)			

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SS=D Bldg. 00	<p><b>DIGNITY AND RESPECT OF INDIVIDUALITY</b></p> <p>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.</p> <p>Based on interview and record review, the facility failed to provide care and services in a manner to promote and protect resident dignity regarding assistance in toileting for 1 of 5 residents reviewed for dignity (Resident F).</p> <p>Findings include:</p> <p>The clinical record for Resident F was reviewed on 3/8/16 at 4:00 p.m. Diagnoses included, but were not limited to, chronic respiratory failure, anxiety, hypertension, arterial fibrillation and Chronic Obstructive Pulmonary Disease (COPD). The Minimum Data Set assessment, dated 3/2/16, indicated Resident F required supervision with 1 person physical assist in transferring.</p> <p>During an interview on 3/8/16 at 4:35 p.m., Resident F indicated the facility needed more help. He indicated last night he had diarrhea from about 2:30 a.m. on. He indicated it took a long time for someone to help. He indicated he did not make it to the bathroom one time and had diarrhea all over himself and his</p>	F 0241	F 241 The facility is unable to correct the alleged deficient practice for resident F. All residents have the potential to be affected by the alleged deficient practice. All Nursing staff to be in-serviced regarding dignity and call light response time. Call light response times will be monitored each day on all shifts by Departmental Managers/Nurses/QMA'S to ensure timely call light response times. DON/ADON to audit call light response checks each business day ongoing. Audit results will be reviewed during the monthly QAP I meetings ongoing.	03/29/2016

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	<p>pajamas. He indicated "it bothered him" and he was hurting related to cramping and gas. He indicated he was not even sure the call lights were working sometimes because it took them so long to answer them, especially at night.</p> <p>Resident F had a current, 1/27/16, care plan problem/need regarding assistance with Activities of Daily Living (ADL). Approaches to this problems included, but were not limited to, "physical assistance of 1 staff person to transfer to and from the toilet."</p> <p>During a telephone interview on 3/8/16 at 5:15 p.m., CNA #3 indicated she was the CNA who was assigned to Resident F on 3/7/16. She indicated she had a trainee with her during her shift. She indicated she did not change Resident F's pajamas, but the trainee may have. She indicated Resident F did have loose stools and asked for the nurse to look at his stool twice. She indicated the hall [Chestnut] can be "call-light demanding."</p> <p>During the exit conference on 3/8/16 at 5:30 p.m., the Administrator indicated the managers monitor call-light times daily for both first and second shift. He indicated they do not monitor call light times at night. He indicated he was unaware of any concerns related to long</p>			

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	<p>call-light times.</p> <p>This Federal tag relates to complaint IN00194456.</p> <p>3.1-3(t)</p>				