

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155166	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/21/2014
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NAME OF PROVIDER OR SUPPLIER VALPARAISO CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 606 WALL ST VALPARAISO, IN 46383
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F000000	<p>This visit was for the Investigations of Complaints IN00157756 and IN00158221.</p> <p>Complaint IN00157756-Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00158221-Substantiated. Federal/State deficiency related to the allegation was cited at F431.</p> <p>Survey Dates: October 20 and 21, 2014.</p> <p>Facility number: 000083 Provider number: 155166 AIM number: 100289670</p> <p>Survey team: Regina Sanders, RN, TC Heather Hite, RN (10/21/14) Julie Ferguson, RN (10/21/14)</p> <p>Census bed type: SNF/NF: 142 Total: 142</p> <p>Census payor type: Medicare: 17 Medicaid: 114 Other: 11 Total: 142</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 post survey desk review on or after November 7, 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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F000431 SS=D	<p>Sample: 7</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 23, 2014, by Janelyn Kulik, RN.</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS 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>				

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	<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 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, record review, and interview, the facility failed to, ensure a controlled substance was accurately reconciled, related to an unaccounted tablet of hydrocodone (controlled pain medication) for 1 of 5 medication carts observed for storage of controlled substances in a total of 8 medication carts. (East Front Hall Cart, Resident #H)</p> <p>Findings include:</p> <p>During an observation on 10/20/14 at 7:10 p.m., LPN #1 counted the controlled substances in the East Front Hall Cart. LPN #1 indicated Resident #H's card of hydrocodone 5/325 milligram should have 28 tablets in the card. Upon observing the card of hydrocodone, there</p>	F000431	<p>F431 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 biological 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</p>	11/07/2014

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	<p>were 27 tablets left in the card.</p> <p>During an interview at the time of the observation, LPN #1 indicated she had counted the narcotics at the beginning of her shift at 2 p.m. with the Nurse going off duty. She indicated the counts were correct when the count was completed. She indicated no other staff member had access to the keys to the Medication Cart since she had started her shift.</p> <p>Review of the Controlled Substance Log, indicated the last dose of hydrocodone was administered on 10/18/14 at 4 p.m. and there were 28 tablets left in the card.</p> <p>The Controlled Drug Audit, dated 10/14, indicated by lack of a signature, the Nurses' from the evening shift had not counted the controlled medications on 10/15/14, 10/16/14, 10/18/14, and 10/20/14. The Log indicated the Nurses' from the day shift had not counted the controlled medications on 10/16/14, 10/17/14, 10/18/14, and 10/19/14.</p> <p>During an interview on 10/21/14 at 7:54 a.m., the Director of Nursing indicated an investigation of the missing medication was ongoing. She acknowledged the hydrocodone tablet was unaccounted for.</p> <p>A facility policy, dated 02/14, titled,</p>		<p>laws, the facility must store all drugs and biological in locked compartments under proper temperature controls, and permit only 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 dose4 can be readily detected.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> · All controlled medications are counted every shift by two nurses and documented Control Drug Audit sheet. <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> <ul style="list-style-type: none"> · All residents have the potential to be affected by the alleged deficient practice. · An audit of all controlled drugs was completed by the DNS to 				

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	<p>"Compliance Packaged Medications", received by the Director of Nursing as current, indicated, "...Federal and State laws require each controlled medication be accounted for..."</p> <p>This Federal Tag relates to complaint IN00158221.</p> <p>3.1-25(m)</p>		<p>ensure all controlled medications were accounted for. No other medications were unaccounted for.</p> <ul style="list-style-type: none"> Nurses will be educated on the Medication Administration Guidelines and the Controlled Drug Audit by the CEC/designee by 11/7/14. <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> <ul style="list-style-type: none"> Charge nurses will complete the Controlled Drug Audit at the beginning and end of their shift with the oncoming nurse and will document on the Controlled Drug Audit sheet. The Unit Managers/designee will check the Controlled Drug Audits daily to ensure compliance. <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> <ul style="list-style-type: none"> Observations will be documented on the "Medication Storage Review" CQI tools weekly x 4, then monthly thereafter by the DNS/designee for at least 6 months. If a threshold of 95% is not met an action plan will be created. Data will be submitted to the CQI Committee for review and follow up. 		

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			Noncompliance with facility procedures may result in disciplinary action		