

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155149	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/14/2014
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NAME OF PROVIDER OR SUPPLIER  HARCOURT TERRACE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260
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F000000	<p>This visit was for the Investigation of Complaint #IN00141339 and Complaint #IN00141842.</p> <p>Complaint #IN00141339- Unsubstantiated due to lack of evidence.</p> <p>Complaint #IN00141842- Substantiated. Federal/state deficiencies related to the allegations are cited at F157, F282, F328, F329, F425, and F514.</p> <p>Survey dates: January 13 &amp; 14, 2014</p> <p>Facility number: 000070 Provider number: 155149 AIM number: 100266190</p> <p>Survey team: Michelle Carter, RN</p> <p>Census bed type: SNF- 9 SNF/NF- 86 Total- 95</p> <p>Census payor type: Medicare- 14 Medicaid- 73 Other- 8</p>	F000000	Harcourt Terrace Nursing and Rehabilitation submits this response and Plan of Correction (POC) as part of the requirements under state and federal law. The POC is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this POC with the intention that it is inadmissible by any third party in any civil or criminal action proceedings against the provider or its employee, agents, officers, or directors. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. Any changes to provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and should be inadmissible in any proceeding on that basis. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests paper compliance review in lieu of a Post Survey Review on or after	

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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	<p>Total- 95</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on January 16, 2014.</p>		February 13, 2014.				

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was contacted, in a timely manner, regarding the need for order clarification for 1 of 4</p>	F000157	The facility will make every reasonable effort to immediately inform the resident; consult with the resident's physician; and if known, notify the legal representative or an interested	02/13/2014			

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	<p>residents reviewed for physician orders, in a sample of 4. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 1/13/14 at 2:10 p.m.</p> <p>Diagnoses for Resident C included, but were not limited to, acute respiratory failure, diabetes mellitus, subacute delirium, anxiety state, chronic airway obstruction, congestive heart failure, ulcerative colitis, peripheral neuropathy, sleep apnea, depressive disorder, high blood pressure, osteoarthritis, mitral stenosis, and status post tracheotomy placement.</p> <p>Nursing notes, dated 12/25/13 at 9:28 a.m., indicated Resident C was admitted to the facility on 12/24/13 at 8:00 p.m.</p> <p>Physician orders, documented on a physician recapitulation report, dated 12/24/13, indicated the following:</p> <p>a.) Clonazepam (anti-anxiety medication) 0.5 mg (milligrams), 1 tab (tablet) per G-tube (feeding</p>		<p>family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status; a need to alter treatment significantly; or a decision to transfer or discharge the resident from the facility as specified. CORRECTIVE ACTION: Resident C no longer resides at the facility.</p> <p>IDENTIFICATION OF OTHER RESIDENTS AT RISK: All newly admitted residents have the potential to be affected by the alleged deficient practice. A review all new admissions since December 24, 2013 were conducted to ensure notification to resident; resident's physician and the legal representative or an interested family member was in a timely manner regarding the need for order clarification or a need to alter treatment.</p> <p>MEASURES/SYSTEMATIC CHANGES: The DNS/Designee will inservice the LN by February 11, 2014 regarding immediate notification to resident; resident's physician and if known, notify the legal representative or an interest family member for any change of condition; a need to alter treatment; a decision to transfer or discharge the resident; change in room or roommate assignments and any changes in resident rights under Federal or State law or regulations. Nurse</p>		

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	<p>tube), daily.</p> <p>b.) Quetiapine (anti-psychotic) 25 mg, 1 tab, BID (twice per day) per G-tube.</p> <p>c.) Albuterol (bronchodilator/breathing treatment) 2.5 mg/3 ml (milliliters), 1 puff-inhale, every 6 hours.</p> <p>d.) Budesomide (breathing treatment) 0.5 mcg/2 ml, 1 puff-inhale, every 12 hours.</p> <p>Physician orders, from the hospital discharge report, dated 12/24/13, indicated the following:</p> <p>a.) Clonazepam 0.5 mg, 1 tab, per G-tube, BID, PRN (as needed).</p> <p>b.) Quetiapine 25 mg, 3 tabs, BID.</p> <p>c.) Albuterol 2.5 mg- 0.5 mg/3 ml inhalation solution, 3 ml inhaled every 6 hours.</p> <p>d.) Budesomide 0.5 mg/2 ml inhalation suspension, 2 ml inhaled every 12 hours.</p> <p>A form titled, "Physician telephone orders", dated 12/26/13 at 3:00 p.m., indicated "admission clarifications".</p>		<p>managers/designee will audit new admissions the day following an admission to ensure timely notification to resident, resident's physician and if known legal representative and interested family members as required by §483.10(b)(11). MONITOR: To ensure compliance, the DNS/Designee is responsible for the "Admission Procedure" CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The CQI committee overseen by the Executive Director (ED) will review the results of these audits. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>		

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F000282 SS=D	<p>During an interview with the Assistant Director of Nursing Services, on 1/13/14, at 2:30 p.m., she indicated new admission orders were reviewed the following morning, after the admission. Resident C's admission orders were missed and not reviewed until 12/26/13. The physician was not contacted for order clarification, until the afternoon of 12/26/13.</p> <p>This federal tag relates to Complaint #IN00141842.</p> <p>3.1-5(a)(3)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure physician orders were followed, accurately, for the the administration</p>	F000282	The facility will make every reasonable effort to ensure the services provided or arranged by the facility must be provided by qualified persons in accordance	02/13/2014
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	<p>of medications, for 1 of 4 residents reviewed for following physician orders, in a sample of 4. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 1/13/14 at 2:10 p.m.</p> <p>Diagnoses for Resident C included, but were not limited to, acute respiratory failure, diabetes mellitus, subacute delirium, anxiety state, chronic airway obstruction, congestive heart failure, ulcerative colitis, peripheral neuropathy, sleep apnea, depressive disorder, high blood pressure, osteoarthritis, mitral stenosis, and status post tracheotomy placement.</p> <p>Nursing notes, dated 12/25/13 at 9:28 a.m., indicated Resident C was admitted to the facility on 12/24/13 at 8:00 p.m.</p> <p>a.) Physician orders, dated 12/24/13, indicated the following: Albuterol (breathing treatment) 2.5 mg (milligrams)/3 ml (milliliters) every 6 hours; 6:00 a.m., 1:00 p.m., 7:00 p.m., and 1:00 a.m.</p>		<p>with each resident's written plan of care. CORRECTIVE ACTION: Resident C no longer resides at the facility. IDENTIFICATION OF OTHER RESIDENTS AT RISK: All residents have the potential to be affected by the alleged deficient practice. DNS/Designee will review the MAR for all new admissions within the last month to ensure medications are administered as prescribed. MEASURES/SYSTEMATIC CHANGES: The DNS/Designee will inservice the LN by February 11, 2014 regarding following physician's orders. Daily audits will be conducted of MAR by nurse managers/designee to ensure physician's orders are being followed as prescribed. MONITOR: To ensure compliance, the DNS/Designee is responsible for the "Medication Administration Compliance" CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The CQI committee overseen by the ED will review the results of these audits. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>	

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	<p>The December 2013 Medication Administration Record (MAR) indicated the following Albuterol doses were not administered:</p> <p>12/24/13- 1:00 a.m. 12/25/13- 6:00 a.m. and 1:00 a.m. 12/26/13- 6:00 a.m. 12/27/13- 6:00 a.m. and 7:00 p.m. 12/28/13- 6:00 a.m.</p> <p>The EDK (emergency drug kit) list of standard medications, submitted by the Assistant Director of Nursing Services, on 1/14/14 at 2:10 p.m., indicated Albuterol Neb Sol (nebulizer solution) 0.083% (equivalent to 2.5 mg/3 ml) was kept in the EDK and was available for use.</p> <p>b.) Physician orders, documented on a physician recapitulation report, dated 12/24/13, indicated Clonazepam (anti-anxiety medication) 0.5 mg (milligrams), 1 tab (tablet) per G-tube (feeding tube), daily.</p> <p>Physician hospital discharge orders, dated 12/24/13, indicated Clonazepam 0.5 mg, 1 tab, per G-tube, BID, PRN (as needed).</p> <p>The December 2013 MAR indicated Clonazepam was administered</p>			

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	<p>without documented behavioral reasons for necessity, on 12/25, 26, and 27, 2013.</p> <p>c.) Physician orders, documented on a physician recapitulation report, dated 12/24/13, indicated Quetiapine (anti-psychotic) 25 mg, 1 tab, BID (twice per day) per G-tube.</p> <p>Physician orders, from the hospital discharge report, dated 12/24/13, indicated Quetiapine 25 mg, 3 tabs, BID.</p> <p>The December 2013 MAR indicated Quetiapine was not administered with the correct dose on 12/25/13 a.m. and p.m., 12/26/13 a.m. and p.m., and 12/27/13 a.m.</p> <p>d.) Physician orders, dated 12/24/13, indicated Levemir (insulin) 60 units, sub-cutaneous injection, every night at bedtime.</p> <p>The December 2013 MAR indicated Levemir was not administered on 12/27/13.</p> <p>During an interview on 1/14/14 at 3:00 p.m., with the Director of Nursing Services and the Assistant Director of Nursing Services, they indicated awareness of the</p>			

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F000328 SS=D	<p>medication errors.</p> <p>This federal tag relates to Complaint #IN00141842.</p> <p>3.1-35(g)(2)</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on record review and interview, the facility failed to ensure respiratory assessments were conducted and completed, in a timely manner, for 1 of 4 residents reviewed for special needs assessments, in a sample of 4. (Resident C)</p> <p>Findings include:</p>	F000328	<p>The facility will make every reasonable effort to ensure that the resident receive proper treatment and care for special services. CORRECTIVE ACTION: Resident C no longer resides at the facility. IDENTIFICATION OF OTHER RESIDENTS AT RISK: All resident's requiring respiratory assessments have the potential to be affected by this deficient practice. DNS/Designee will review all residents who receive</p>	02/13/2014			

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	<p>The clinical record for Resident C was reviewed on 1/13/14 at 2:10 p.m.</p> <p>Diagnoses for Resident C included, but were not limited to, acute respiratory failure, diabetes mellitus, subacute delirium, anxiety state, chronic airway obstruction, congestive heart failure, ulcerative colitis, peripheral neuropathy, sleep apnea, depressive disorder, high blood pressure, osteoarthritis, mitral stenosis, and status post tracheotomy placement.</p> <p>Nursing notes, dated 12/25/13 at 9:28 a.m., indicated Resident C was admitted to the facility on 12/24/13 at 8:00 p.m.</p> <p>a.) Physician orders, dated 12/24/13, indicated the following: Albuterol (breathing treatment) 2.5 mg (milligrams)/3 ml (milliliters) every 6 hours; 6:00 a.m., 1:00 p.m., 7:00 p.m., and 1:00 a.m.</p> <p>The December 2013 Medication Administration Record (MAR) indicated the following Albuterol doses were not administered: 12/24/13- 1:00 a.m. 12/25/13- 6:00 a.m. and 1:00 a.m. 12/26/13- 6:00 a.m.</p>		<p>nebulizer/breathing treatments to ensure residents have been assessed before and after their breathing treatments.</p> <p>DNS/Designee will review the MAR for all new admissions within the last month to ensure medications are administered as prescribed.</p> <p>MEASURES/SYSTEMATIC CHANGES: The DNS/Designee will inservice the LN by February 11, 2014 regarding ensuring proper respiratory assessments is done when indicated. Nurse managers/designee will audit nebulizer flow-sheets on a daily basis to ensure assessment was conducted. MONITOR: To ensure compliance, the DNS/Designee is responsible for the "Respiratory Assessment" CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The CQI committee overseen by the Executive Director (ED) will review the results of these audits. If threshold of 100% is not achieved an action plan will be developed to ensure compliance.</p>	

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	<p>12/27/13- 6:00 a.m. and 7:00 p.m. 12/28/13- 6:00 a.m.</p> <p>The EDK (emergency drug kit) list of standard medications, submitted by the Assistant Director of Nursing Services, on 1/14/14 at 2:10 p.m., indicated Albuterol Neb Sol (nebulizer solution) 0.083% (equivalent to 2.5 mg/3 ml) was kept in the EDK and was available for use.</p> <p>During an interview on 1/14/14 at 3:00 p.m., with the Director of Nursing Services and the Assistant Director of Nursing Services, they indicated awareness of the medication errors.</p> <p>b.) Physician orders, dated 12/24/13, indicated orders for nebulizer breathing treatments; Albuterol, every 6 hours, and Budesomide, every 12 hours, requiring respiratory assessments pre and post treatment.</p> <p>During an interview with the Director of Nursing Services, on 1/14/14 at 3:55 p.m., she indicated there was not any documentation to indicate the respiratory assessments were completed.</p>						

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F000329 SS=D	<p>This federal tag relates to Complaint #IN00141842.</p> <p>3.1-47(a)(6)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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 ensure physician orders were followed and</p>	F000329	The facility will make every reasonable effort to ensure each resident's drug regimen must be free from unnecessary drugs.	02/13/2014

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NAME OF PROVIDER OR SUPPLIER  HARCOURT TERRACE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260
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	<p>to ensure unnecessary medications were not administered, for 1 of 4 reviewed for unnecessary medications. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 1/13/14 at 2:10 p.m.</p> <p>Diagnoses for Resident C included, but were not limited to, acute respiratory failure, diabetes mellitus, subacute delirium, anxiety state, chronic airway obstruction, congestive heart failure, ulcerative colitis, peripheral neuropathy, sleep apnea, depressive disorder, high blood pressure, osteoarthritis, mitral stenosis, and status post tracheotomy placement.</p> <p>Physician orders, documented on a physician recapitulation report, dated 12/24/13, indicated Clonazepam (anti-anxiety medication) 0.5 mg (milligrams), 1 tab (tablet) per G-tube (feeding tube), daily.</p> <p>Physician hospital discharge orders, dated 12/24/13, indicated Clonazepam 0.5 mg, 1 tab, per G-tube, BID, PRN (as needed).</p>		<p>CORRECTIVE ACTION: Resident C no longer resides at the facility. IDENTIFICATION OF OTHER RESIDENTS AT RISK: All resident's have the potential to be affected by this deficient practice. DNS/Designee will review all residents receiving PRN antipsychotic medications to ensure residents receive non pharmacological interventions prior to the administration of antipsychotic medications. MEASURES/SYSTEMATIC CHANGES: The DNS/Designee will inservice the LN by February 11, 2014 regarding following physicians orders as prescribed. Daily audits will be conducted of MAR/TAR by nurse managers/designee to ensure physician's orders are being followed as ordered. All residents with PRN antipsychotic medications will have a non pharmacological intervention attempted prior to the administration of the medication. The DNS/Designee will be contacted prior to the administration of the PRN antipsychotic medication. MONITOR: To ensure compliance, the DNS/Designee is responsible for the "Medication Administration Compliance" and "Antipsychotic Medication" CQI tools weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until continued compliance is maintained for 2</p>	

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	<p>The December 2013 MAR indicated Clonazepam was administered, without following physician orders and without documented behavioral reasons for necessity, at the following times:</p> <p>12/25/13- 6:00 a.m. 12/26/13- 6:00 a.m. 12/27/13- 6:00 a.m.</p> <p>During an interview on 1/14/14 at 3:00 p.m., with the Director of Nursing Services and the Assistant Director of Nursing Services, they indicated awareness of the medication errors.</p> <p>This federal tag relates to Complaint #IN00141842.</p> <p>3.1-48(a)(6)</p>		<p>consecutive quarters. The CQI committee overseen by the Executive Director (ED) will review the results of these audits. If threshold of 100% is not achieved an action plan will be developed to ensure compliance.</p>		

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F000425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on record review and interview, the facility failed to ensure the pharmacy was notified of a new admission with need for prescription medication, in a timely manner, and failed to ensure delivery of prescription medication, in a reasonable amount of time, for 1 of 4 residents reviewed for pharmaceutical services, in a sample of 4. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 1/13/14 at 2:10</p>	F000425	<p>The facility will make every reasonable effort to provide routine and emergency drugs and biological to its residents, or obtain them under an agreement described in §483.75(h); provide pharmaceutical services to meet the needs of each residents; and employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provisions of pharmacy services in the facility. CORRECTIVE ACTION: Resident C no longer resides at the facility. IDENTIFICATION OF OTHER RESIDENTS AT RISK: All new admissions have the potential to be affected by this deficient</p>	02/13/2014			

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	<p>p.m.</p> <p>Diagnoses for Resident C included, but were not limited to, acute respiratory failure, diabetes mellitus, subacute delirium, anxiety state, chronic airway obstruction, congestive heart failure, ulcerative colitis, peripheral neuropathy, sleep apnea, depressive disorder, high blood pressure, osteoarthritis, mitral stenosis, and status post tracheotomy placement.</p> <p>Nursing notes, dated 12/25/13 at 9:28 a.m., indicated Resident C was admitted to the facility on 12/24/13 at 8:00 p.m.</p> <p>An email confirmation from the facility's pharmacy service, dated 12/30/13 at 11:32 a.m., submitted by the Director of Nursing Services, on 1/14/14 at 3:55 p.m., indicated the following:</p> <p>".....At 5:39 a.m., December 25th, we received orders and began to fill medication- the orders we received were not specific to be sent STAT [as soon as possible]. At 11:30 a.m., nurse [name of nurse] called to let us know to send medication STAT and they were delivered to your facility at 1:44 p.m., December</p>		<p>practice. DNS/Designee reviewed all new admissions within the last month to ensure pharmacy was notified of the new admission and physician orders were documented.</p> <p>MEASURES/SYSTEMATIC CHANGES: The DNS/Designee will inservice the LN by February 11, 2014 regarding ensuring timely notification to pharmacy for any new physician's orders as well as timely delivery of medications. DNS/Designee will review all new admission physician orders to ensure physician was notified timely.</p> <p>MONITOR: To ensure compliance, the DNS/Designee is responsible for the "Admission Procedure" CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The CQI committee overseen by the Executive Director (ED) will review the results of these audits. If threshold of 100% is not achieved an action plan will be developed to ensure compliance.</p>				

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	<p>25th.</p> <p>The time between receiving orders and delivery was 8 hours. This is longer than what a STAT should normally take, which should be maximum 4 hours."</p> <p>During an interview with the DNS, on 1/14/14, at 3:40 p.m., she indicated pharmacy services were not notified of Resident C's admission in a timely fashion. The expected time of pharmacy notification was within 2 hours of admission. She indicated the pharmacy had a 4 hour window of time to deliver prescription medication, per the pharmacy agreement, which was not honored on 12/25/13, despite the late notification.</p> <p>This federal tag relates to Complaint #IN00141842.</p> <p>3.1-25(a) 3.1-25(g)(2)</p>						

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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure correct transcription of physician orders, upon admission to the facility, for 1 of 4 residents reviewed for correct documentation, in a sample of 4. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 1/13/14 at 2:10 p.m.</p> <p>Diagnoses for Resident C included, but were not limited to, acute respiratory failure, diabetes mellitus, subacute delirium, anxiety state, chronic airway obstruction, congestive heart failure, ulcerative colitis, peripheral neuropathy, sleep</p>	F000514	<p>The facility will make every reasonable effort to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record on each resident will contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>CORRECTIVE ACTION: Resident C no longer resides at the facility. IDENTIFICATION OF OTHER RESIDENTS AT RISK: All new admissions have the potential to be affected by this deficient practice. All new admissions within the last month</p>	02/13/2014			

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	<p>apnea, depressive disorder, high blood pressure, osteoarthritis, mitral stenosis, and status post tracheotomy placement.</p> <p>Physician orders, documented on a physician recapitulation report, dated 12/24/13, indicated the following:</p> <p>a.) Clonazepam (anti-anxiety medication) 0.5 mg (milligrams), 1 tab (tablet) per G-tube (feeding tube), daily.</p> <p>b.) Quetiapine (anti-psychotic) 25 mg, 1 tab, BID (twice per day) per G-tube.</p> <p>c.) Albuterol (bronchodilator/breathing treatment) 2.5 mg/3 ml (milliliters), 1 puff-inhale, every 6 hours.</p> <p>d.) Budesomide (breathing treatment) 0.5 mcg/2 ml, 1 puff-inhale, every 12 hours.</p> <p>Physician orders, from the hospital discharge report, dated 12/24/13, indicated the following:</p> <p>a.) Clonazepam 0.5 mg, 1 tab, per G-tube, BID, PRN (as needed).</p>		<p>were reviewed to ensure physician orders were transcribed on the MAR by the DNS/Designee.</p> <p>MEASURES/SYSTEMATIC CHANGES: The DNS/Designee will inservice the LN by February 11, 2014 regarding accurate transcription of admission orders. Two licensed nurses will check all new admission orders. Nurse manager/designee will audit re-admissions the day following admission to ensure accurate transcription of medications.</p> <p>MONITOR: To ensure compliance, the DNS/Designee is responsible for the "Admission Procedure" CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The CQI committee overseen by the Executive Director (ED) will review the results of these audits. If threshold of 100% is not achieved an action plan will be developed to ensure compliance.</p>	

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	<p>b.) Quetiapine 25 mg, 3 tabs, BID.</p> <p>c.) Albuterol 2.5 mg- 0.5 mg/3 ml inhalation solution, 3 ml inhaled every 6 hours.</p> <p>d.) Budesomide 0.5 mg/2 ml inhalation suspension, 2 ml inhaled every 12 hours.</p> <p>During an interview, on 1/14/13 at 2:30 p.m., with the Assistant Director of Nursing Services, she indicated awareness of the medication transcription errors. She indicated the documentation errors resulted in the administration of incorrect medication doses for Clonazepam, Albuterol, Budesomide, and Quetiapine on 12/25, 26, 27, and 28, 2013.</p> <p>This federal tag relates to Complaint #IN00141842.</p> <p>3.1-50(a)(2)</p>				