

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155203	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/07/2013
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NAME OF PROVIDER OR SUPPLIER HILLCREST VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 203 SPARKS AVE JEFFERSONVILLE, IN 47130
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F000000	<p>This visit was for the Investigation of Complaint IN00137180.</p> <p>Complaint IN00137180-Substantiated. Federal/state deficiencies related to the allegation are cited at F332</p> <p>Survey Dates: October 7, 2013</p> <p>Facility Number: 000110 Provider Number: 155203 AIM number: 100271120</p> <p>Survey Team: Gwen Pumphrey, RN-TC Caitlin Lewis, RN</p> <p>Census Bed Type: SNF: 15 SNF/NF: 165 Total: 180</p> <p>Census Payor Type: Medicare: 29 Medicaid: 143 Other: 8 Total: 180</p> <p>Sample: 4</p> <p>This deficiency reflects state findings</p>	F000000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed the plan of correction for survey ending October 7, 2013. Due to the low scope and severity of the survey finding please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance.	

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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	cited in accordance with 410 IAC 16.2 Quality review completed on October 8, 2013 by Cheryl Fielden, RN				

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F000332 SS=D	<p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>Based on observation, record review, and interview the facility failed to ensure, a resident received insulin according to the physicians orders. This deficient practice is based on 1 of 3 resident observations of medication administration. The medication error rate was 14%. This deficient practice had the potential to affect 1 of 29 residents currently receiving insulin in the facility. (Resident #B).</p> <p>Findings include:</p> <p>RN#1 was observed during medications administration of Resident #B on 10/7/13 at 4:00 p.m. RN#1 indicated Resident #B's blood glucose was 360. RN#1 indicated Resident #B received Novolog 70/30 (insulin) 10 units, and Humalog (insulin) 20 units according to the physicians order. The Medication Administration Record (MAR) was reviewed with this writer and indicated this was the correct dose.</p> <p>RN #1 was observed preparing</p>	F000332	<p>It is the practice of the facility to be administer medication according to state and federal regulations. 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The resident was immediately assessed and no adverse effects were noted. The physician was notified and no new orders were noted. The family was notified. A incident report was completed. The nurse was counseled related to the incorrect administration of medication to the resident. The nurse was in-serviced on the Five "R"'s The right resident, the right medication, the right dose, the right route and the right time. 2. How other resident having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? 29 residents have the potential to be affected by this practice. A medication pass audit was conducted by the nurse management team and no other residents were affected. A in-service of the facility policy regarding medication errors and the Five "R"'s was conducted on October 29, 2013 by the Director of nursing and/or designee. The</p>	11/01/2013	

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	<p>Novolog 70/30 (insulin) 8 units, and Humalog (insulin) 22 units.</p> <p>RN #1 stated to Resident #B, "Novolog 70/30, you will get 8 (units). Humalog you will get 22 (units)."</p> <p>This writer observed the syringe of insulin and confirmed 8 units of Novolog 70/30 and 22 units of Humalog. This writer asked RN#1, "Is this right." RN #1 indicated, "Yes." RN #1 administered the medication.</p> <p>RN#1 preceded to sign the medication as given the Medication Administration Record(MAR). The MAR indicated the Resident #B should have received Novolog 10 units and Humalog 20 units.</p> <p>This writer stated to RN #1 the incorrect dose was administered. RN #1 indicated, she would notify the physician.</p> <p>Resident #B's clinical record was reviewed on 10/7/13 at 6:00p.m. Resident #B had diagnoses including but not limited to, diabetes, depressive disorder, ischemic heart disease, hypertension(high blood pressure), and obesity.</p> <p>The Minimum Data Set (MDS)</p>		<p>in-service included a post test on the subject. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The staff development coordinator and or designee will complete a medication pass skills validation on all licensed staff. In addition, this process will be conducted upon hire, with a medication error report and upon licensed staff annual evaluation. The Director of Nursing Services and/or designee will monitor medication pass on all three shifts. Any negative findings will result in further education and counseling up to termination of employment. 4. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? The Director of Nursing and/or designee will conduct the Medication Error Continuous Quality Improvement CQI audit tool and the Pharmacy Services CQI audit tool weekly for four weeks and monthly for six months. The results of the audits will be presented to the CQI committee for three months and quarterly thereafter. The CQI Committee will review the data . If the threshold is below 95% compliance is not met, an action plan will be developed. The CQI Committee will determine the need for further review.</p>				

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	<p>Assessment dated 6/22/13 was reviewed on 10/7/13 at 6:30p.m. The MDS indicated Resident #B received insulin injections.</p> <p>The care plan was reviewed on 10/7/13 at 6:05p.m. Resident #B was care planned for risk for adverse effects of hyperglycemia and hypoglycemia.</p> <p>The Physician's Orders was reviewed on 10/7/13 at 6:30p.m. The physician order dated 9/13/13 and untimed indicated, "Novolog 70/30 give 10 units sq(subcutaneous) every day." The physician order dated 9/25/13 and untimed indicated, "Humalog 8 units with meals. +(plus) sliding scale." The physician order dated 10/7/13 at 4:40p.m. indicated, "Give humalog 10U(units) x1 (one time dose), Give novolog 70/30 8 U(units) x1(one time dose)"</p> <p>The Director of Nursing (DoN) was interviewed on 10/7/13 at 5:30p.m. She indicated the an incident report was completed. The incident report indicated RN#1 received a final written warning related to the incorrect administration of insulin to a resident. The report indicated RN#1 received inservice immediately related to medication administration.</p>						

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	<p>The medication error report dated 10/7/13 indicated the physician and resident was notified of the medication error.</p> <p>The DoN indicated the facility does not have a policy related to insulin administration. She provided a copy of a policy titled, "Medication Administration Guidelines". The policy indicated, "...before giving a medication the nurse must follow the FIVE "R'S"-the right resident, the right medication, the right dose, the right route, and the right time."</p> <p>This Federal tag relates to Complaint IN0013780.</p> <p>3.1-25(b)(9) 3.1-48(c)(2)</p>				