

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 a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on May 1, 2014.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00149626 completed on 5/21/2014.</p> <p>This visit was also in conjunction with the Investigation of Complaint IN00150753 completed on June 19, 2014.</p> <p>Survey Dates: June 18, 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> <p>Census Payor Type: Medicare: 12</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. 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 7th, 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>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. 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</p>	F000309	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 7th, 2014	07/07/2014

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	<p>to maintain the integrity of the fistula for 1 of 2 residents reviewed for dialysis. (Resident A)</p> <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",</p>		<p>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</p> <p>MD and dialysis clinic for resident A were notified of the blood draw to the residents dialysis port/site/ arm. Residents arm was assessed and no negative findings. Lab was re-notified of residents arm restriction.</p> <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> <p>All residents receiving dialysis who have arm restrictions have the potential to be affected by this alleged deficient practice. All resident receiving labs have the potential to be affected.</p> <p>Licensed nursing staff were educated on completing a lab requisition form and the importance of identifying arm restrictions in the additional comments section on or before 7/7/14 by the Clinical Educations Coordinator/ or designee.</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,</p>	

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	<p>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 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</p>		<p>thefacility nurse will complete the lab requisition via computer or paperrequisition. The nurse will indicate armrestrictions in the additional comments section. The nurse management team will review all labblood draw requisitions Monday thru Friday to ensure appropriate notificationof arm restrictions. House Supervisorwill review lab requisitions on Saturdays and Sundays.</p> <p>All labs orders received with inthe last 7 days were reviewed to ensure labs were performed per physician'sorders by DNS/Designee.</p> <p>What measures will be put into place or what systemic changes will youmake to ensure that the deficient practice does not recur?</p> <p>When a lab order is obtained, thefacility nurse will complete the lab requisition via computer or paper requisition. The nurse will indicate arm restrictions inthe additional comments section. Thenurse management team will review all lab 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>	

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	<p>#2 provided a copy of a blank lab requisition form. He pointed to the "Additional Comments" section and the "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>Licensed nursing staff were educated on completing a lab requisition form and the importance of identifying arm restrictions in the additional comments section on or before 7/7/14 by the Clinical Educations Coordinator/ or designee.</p> <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> <p>A lab diagnostics CQI will be completed for 6 months with audits being completed once weekly for one month, then monthly thereafter for a total of 6 months by a nurse manager or designee.</p> <p>A lab diagnostics CQI tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 100% threshold is not achieved an action plan will be developed.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p> <p>Date of Compliance 7/7/14</p>	

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	This federal tag relates to Complaint #IN00150753. 3.1-37(a)				