

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155242	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/24/2015
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 N WALNUT ST MUNCIE, IN 47303
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 18, 19, 20, 23, and 24, 2015</p> <p>Facility number: 000146 Provider number: 155242 AIM number: 100291200</p> <p>Census bed type: SNF/NF: 125 Total: 125</p> <p>Census payor type: Medicare: 22 Medicaid: 90 Other: 13 Total: 125</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on November 25, 2015.</p>	F 0000		
F 0309	483.25			

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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SS=D Bldg. 00	<p><b>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></p> <p>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.</p> <p>Based on record review, observation and interview, the facility failed to administer a medication per physician order and failed to clarify an admission order for 1 of 5 residents reviewed for unnecessary medications. (Resident #197)</p> <p>Findings include:</p> <p>The clinical record for Resident #197 was reviewed on 11/23/15 at 7:49 a.m. Diagnosis for Resident #197 included, but were not limited to, insomnia, anxiety, and chronic obstructive pulmonary disease.</p> <p>Resident #197 had a current physician order for temazepam (a sleep aid), 30 mg, give two capsules (60 mg) by mouth every bed time as needed for insomnia. This order originated 11/11/15.</p> <p>Review of the November 2015, Medication Administration Record (MAR) indicated Resident #197 was consistent with the 11/11/15 physician order. The November 2015, "Individual</p>	F 0309	<p>This Plan of Correction is the facility's credible allegation of compliance. The facility respectfully requests a desk review and has provided evidence of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and statelaw. F309</p> <p>1. Corrective action accomplished for thoseresidents found to have been affected by the deficient practice: Resident #197 has had all physician orders reconciled and clarified. The resident is receiving all medications accordingto the clarified physician orders.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: A medication reconciliation audit has been completed for all residents admitting to the facility within the</p>	12/04/2015	

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	<p>Patient's Narcotic Record" for Resident #197 indicated Resident #197 was receiving temazepam 15 mg, two capsules (30 mg) by mouth at bedtime as needed for sleep. This dosage was in conflict with the 11/11/15 physician order. The pre-filled medication dispenser was observed and reviewed on 11/24/15 at 9:18 a.m. The pre-filled medication dispenser indicated temazepam 15 mg, two capsules (30 mg) by mouth at bedtime as needed for sleep. The clinical record indicated Resident #197 had received 30 mg (instead of the ordered 60 mg) of temazepam 12 times since admission.</p> <p>Review of Resident's #197's hospital discharge instructions, dated 11/11/15, indicated "temazepam [temazepam 15 mg oral capsule] 30 mg, by mouth at bed time as needed for sleep, takes two 30 mg tablets [sic] to equal 60 mg." Review of Resident's #197's undated admitting orders indicated "Temazepam 30 mg bedtime". Review of the faxed prescription for Resident #197, dated 11/11/5, indicated temazepam 15 mg, 2 capsules orally at bedtime prn (as needed) for sleep.</p> <p>During an interview on 11/24/15 at 9:18 a.m., RN #2 indicated the individual narcotic record and the pre-filled</p>		<p>last 30 days.(attachment 1 ) No other residents were found to be affected.</p> <p>3.What measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not recur: Nursing staff have been educated on medication reconciliation, medication administration and clarification of physician orders. ( attachment 2 ) All new admissions will have a medication reconciliation completed and physician orders clarified.</p> <p>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 in place: All new admits will be audited for medication reconciliation for 8 weeks, then 50% of new admits will be audited for medication reconciliation for 4 weeks, then 25% of new admits will be audited for medication reconciliation for 2 weeks, then as needed thereafter. Medication administration records will be audited for 50% of all new admits for 8 weeks, and then medication administration records will be audited for 25% of all new residents for 4weeks, then as needed thereafter. (attachment 3 ) The results of the audits will be presented to the Quality Assessment and Process Improvement Committee monthly for 3 months, then quarterly for 2 quarters and as needed</p>				

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	<p>medication dispenser for Resident #197 both indicated temazepam 15 mg, give 2 capsules (30 mg) by mouth as needed for sleep. RN #2 indicated the order in the MAR for Resident #197 was temazepam 30 mg, give two capsules (60 mg) by mouth at bedtime as needed for insomnia. RN #2 further indicated to prevent errors the nurses need to double check the medication orders and the medication.</p> <p>During an interview on 11/24/15 at 9:29 a.m., Unit Manager #3 indicated the discharge instructions from the hospital were used for medication orders for the residents because the facility did not always receive additional admitting orders from the hospital. Unit Manager #3 indicated the admitting orders usually did not include medications only ancillary orders. Unit Manager #3 indicated the pharmacy delivered the medications and the nurse would check the pre-filled medication dispenser to the invoice provided by the pharmacy. Unit Manager #3 further indicated the pre-filled medication dispenser had not been checked against the physician order in the MAR for Resident #197.</p> <p>During an interview on 11/24/15 at 10:19 a.m., the Director of Nursing (DON) indicated the admission order for Resident #197's temazepam should have</p>		<p>thereafter. 5. Systematic changes will be completed by December 4th, 2015</p>		

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	<p>been clarified. The DON indicated the order had been clarified 11/24/15.</p> <p>Review of the current facility policy, reviewed 6/1/15, titled "Medication Reconciliation", provided by the DON on 11/24/15 at 10:18 a.m., included, but was not limited to, the following:</p> <p>"Purpose: The purpose of this procedure is to ensure medication safety by accurately accounting for the resident's medications, routes and dosages upon admission or readmission to the facility...</p> <p>...1. Using an approved mediation reconciliation form (follow instructions provided on form), list medications from the medication history, the discharge summary, and/or the admitting orders that need to be reconciled.</p> <p>2. Review the list carefully to determine if there are discrepancies/conflicts...</p> <p>...3. If there is a discrepancy or conflict in medications, dose, route or frequency, determine appropriate action to resolve the discrepancy...."</p> <p>3.1-37(a)</p>			