

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155334	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/08/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-WILDWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 7301 E 16TH ST INDIANAPOLIS, IN 46219
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F0000	<p>This visit was for Investigation of Complaints IN00116938, IN00117191 and IN00118994.</p> <p>Complaints: IN00116938 - Unsubstantiated - Due to lack of evidence.</p> <p>IN00117191 - Substantiated, Federal/State deficiencies related to the allegations are cited at F282, F431.</p> <p>IN00118994 - Substantiated, Federal/State deficiency related to the allegation is cited at F282, F431.</p> <p>Unrelated deficiency cited at F281</p> <p>Survey dates: November 1, 2, 5, & 8, 2012</p> <p>Facility number: 000227 Provider number: 155334 AIM number: 100267520</p> <p>Survey Team:</p>	F0000	The facility requests that this plan of correction be considered its credible allegation 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 state law.	

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>Mary Jane G. Fischer RN</p> <p>Census bed type: SNF/NF: 147 Total: 147</p> <p>Census payor type: Medicare: 33 Medicaid: 102 Other: 12 Total: 147</p> <p>Sample: 11 Supplemental Sample: 5</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 11/9/12 Cathy Emswiller RN</p>				

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F0281 SS=E	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality.</p> <p>Based on observation, interview and record review the facility failed to ensure professional standards of care, in that when the nursing staff dispensed medications to the residents the nursing staff failed to properly identify the residents and also signed the medications as dispensed prior to the actual time the medication was administered to the resident. This deficient practice involved 4 of 5 supplemental sampled residents [Residents "L", "M", "N" and "O"] and three nursing staff members [licensed practical nurse employee #4 , #12 and qualified medication aide employee #11].</p> <p>Findings include:</p> <p>1. The medication administration observation on 11-02-12 at 7:30 a.m., with Qualified Medication Aide employee #11 included</p>	F0281	<p>F281 I. 1., 2., 3., & 4. Qualified Medication Aide #11 and Licensed Practical Nurses #4 and #12 have been addressed relative to the "rights of medication administration". There was no negative resident outcome as a result of the practices listed on the 2567.II. All residents have the potential to be affected, therefore, this plan of correction applies to all residents currently residing in the nursing facility.III. Licensed nursing staff and Qualified Medication Aides have received education relative to services provided meeting professional standards, including but not limited to preparing and administering medications according to the five rights of medication administration. A performance improvement tool has been developed that Unit Managers/SDC, or designee, will utilize to monitor daily across all 3 shifts, for 30 days, and then monthly, compliance with proper medication administration.IV. DNS, or designee, will review findings weekly and report to PI committee monthly for 6 months to determine need for continued monitoring thereafter.V. Completion Date: 12/07/2012</p>	12/07/2012

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	<p>medications for Resident "L." The Qualified Medication Aide, prepared the resident's medications which included oxycodone [a pain medication], Polyethylene Glycol 17 [a laxative] grams, Aspirin 81 mg, Lasix [a diuretic] 80 mg, Potassium Chloride 20 [a supplement] Zinc Sulfate [a vitamin supplement] 220 mg, Oxybutynin [a medication for bladder spasm/irritability] 5 mg, a multivitamin, Amitza [a medication for the gastrointestinal tract] 24 mg and Colace [stool softener]. As the Qualified Medication Aide dispensed each medication into a plastic cup, she signed/initialed the medication administration record. In addition, upon entering the resident's room, the Qualified Medication Aide failed to properly identify the resident - and stated "[Resident name] I'm here to give you your medicine."</p> <p>2. The Qualified Medication Aide then prepared the medications for resident "N." The Qualified Medication Aide place a tablet</p>			

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	<p>"Vitamin D 100 units" in a cup and prepared to crush the medication. The medication was then mixed with a small amount of applesauce. The Qualified Medication Aide signed/initialed the medication administration record. The Qualified Medication Aide walked to the assist dining room and mentioned the resident by name and gave the medication to the resident.</p> <p>3. Licensed Practical Nurse employee #4 prepared insulin for Resident "M." The licensed nurse reviewed the physician order, drew up Novolin Insulin 15 units into a syringe, and then in a second syringe drew up the prescribed amount of Humalog 6 units. The licensed nurse signed/initialed the medication administration record and then proceeded to the resident's room. The licensed nurse addressed the resident by name and then proceeded to administer the insulin.</p>			

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	<p>The resident began to cough and the nurse indicated she would check the resident's current medications to alleviate the respiratory symptoms. The licensed nurse indicated [resident name] had Albuterol nebulizer treatment and a scheduled Ventolin inhaler. The licensed nurse took both medications from the drawer of the medication cart, signed the medication administration record and proceeded to the resident room.</p> <p>4. Licensed Practical Nurse employee #12 indicated preparation of medications for Resident "O." The licensed nurse prepared the medications which included ASA 81 mg, Clonidine [a blood pressure medication] 0.1 mg, Imdur [an anti-anginal medication] 30 mg, Coreg [an antihypertensive medication] 12.5 mg, Lasix [a diuretic] 40 mg, Acetaminophen [a pain reliever] 325 mg, Glipizide [a diabetic medication] 5 mg, Niferex [a supplement] 150 mg, Ativan [an anti-anxiety medication] .5 mg, and</p>						

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	<p>Questran [a medication for lipids] 4 grams.</p> <p>The licensed nurse entered the resident's room, informed the resident she had the medications, and gave the medications to the resident.</p> <p>Interview on 11-02-12 at 8:40 a.m. Licensed Practical Nurse employee indicated she should have checked the resident's armband and did not confirm the identity of the resident until interviewed. "Theoretically they're [residents] all suppose to have ID [identification] bracelets on."</p> <p>5. Review of facility policy on 11-05-12 at 10:00 a.m. indicated the following:</p> <p>"Medication Administration - Rationale - The nursing staff uses the medication cart systematically to distribute physician ordered medications to patients. Authorized personnel administer</p>						

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	<p>the medications, including medications needing intravenous administration."</p> <p>"Preparation to Medication Administration - 7. Prepare the medication using the five rights of medication administration: a. right patient, b. right medication name and strength, c. right time of administration, d. right frequency, e. right route of administration, f. reason, and g. documentation."</p> <p>"Administering the Medication - 15. Take the medication to the patient's location, and identify the patient. - Use at least two patient identifiers (i.e. name band, patient pronouncing name, picture, etc.) whenever administering a medication. 17. Document administration and/or refusal of the medication after the administration and/or the attempt to administer the medication on the MAR [medication administration record] and update the controlled drug record for a Schedule II drug if</p>				

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	<p>applicable."</p> <p>"Documentation Guidelines - 1. Documentation on the patient's MAR by the person administering the medication: a. In the space provided under the date and on the line for that specific medication dose administered. Initials on each MAR are verified with a full signature in the space provided. Note [bold type] Do not chart before pouring and/or administering medications."</p> <p>6. Review of the "Geriatric Medication Handbook, Eighth Edition," on 11-07-12 at 2:30 p.m. indicated the following:</p> <p>"STEPS OF MEDICATION ADMINISTRATION - Nurse should knock on the patient's door before entering and positively identify the patient before giving the medications; if the nurse is not familiar with the patient (e.g. nurse does not call resident by name), a wrist bracelet or photograph should</p>						

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	<p>be consulted."</p> <p>7. Review of the "Nursing Spectrum Drug Handbook" on 11-07-12 at 2:45 p.m. indicated the following:</p> <p>"The five right of drug administration - nurses are legally responsible for applying and ensuring the "five rights" of drug administration. To help achieve these goals, use the following strategies: right patient: Always confirm the patient's identity before administering a drug. Check his ID bracelet and ask him to state his name, then confirm his name, age and allergies. The Joint Commission requires the use of two identifiers such as the patient number, his telephone number, or his social security number. Ideally match the ordered treatment to the patient using his name bracelet and ID number, comparing it to the drug order transcribed in the medication administration record (MAR). Be especially cautious if</p>						

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	<p>your patient is confused because he may answer to the wrong name."</p> <p>"Additional nursing responsibilities - Of course, nursing responsibilities don't stop with the five rights. documentation, monitoring and patient teaching are also crucial. Document the dose as soon as it is given - never before."</p> <p>8. Interview on 11-02-12 at 12:00 p.m., the Administrator indicated the facility did not use arm bands for identification of the residents but was in the process of taking pictures of all resident's and placing the photo in the MAR and on the computerized charting record.</p> <p>3.1-35(g)(1)</p>				

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F0282 SS=E	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review and interview the facility failed to ensure physician orders were followed for 4 of 11 sampled resident's. [Resident "D", "G", "J" and "I"].</p> <p>Findings include:</p> <p>1. The record for Resident "D" was reviewed on 11-01-12 at 11:40 a.m. Diagnoses included but were not limited to congestive heart failure, hypertension, peripheral vascular disease, depression, osteoporosis, history of fall, anxiety disorder and diabetes mellitus. These diagnoses remained current at the time of the record review.</p> <p>The resident's current plan of care included "[name of resident] has Diabetes Mellitus." Interventions to this plan of care instructed the</p>	F0282	<p>F282 I. 1. Resident #D no longer resides at the nursing center, therefore, no corrective action could be taken for this resident. 2. An extra trach was placed in Resident #Gs room at the time of survey, no negative outcome was incurred. 3. Resident # J no longer resides at the nursing center, therefore, no corrective action could be taken for this resident.4. Resident #I no longer resides at the nursing center, therefore, no corrective action could be taken for this resident.II. All residents have the potential to be affected, therefore, this plan of correction applies to all residents currently residing in the nursing facility.III. Licensed nursing staff has received in-service education relative to provision of services by qualified persons/per care plan, including but not limited to following physician orders for obtaining blood sugar results, administration of analgesic medications, ensuring extra trach sets are at bedsides, and monitoring of blood pressures. A performance improvement tool has been developed that Unit Managers/SDC, or designee, will utilize to monitor daily across</p>	12/07/2012	

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	<p>nurse "Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness."</p> <p>The resident had physician orders dated 08-28-12 for "Check BS [blood sugar] four times a day - Call MD [Medical Doctor] for BS below 70 or above 400."</p> <p>Review of the "Diabetic Monitoring Flow Sheet" for August 2012 indicated the following: "Use this form to document glucose test results for either DIET CONTROLLED (left side of form) or SLIDING SCALE INSULIN CONTROLLED (right side of form) diabetic residents. Prior to making any entries, document the glucose levels at which the resident's physician must be notified."</p> <p>The record lacked test results as follows: 5:00 p.m. on 08-28-12, no monitoring for the entire day of</p>		<p>all three 3 shifts, for 30 days, and then monthly, compliance with following physician orders.VI. DNS, or designee, will review findings weekly and report to PI committee monthly for 6 months to determine need for continued monitoring thereafter.V. Completion Date: 12/07/2012</p>		

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	<p>08-31-12, the 11:00 a.m. result on 09-02-12, the 11:00 a.m. result on 09-04-12 and again on 09-05-12, lack of documentation results on 09-12-12 at 6:00 a.m., 11:00 a.m., 09-13-12 at 11:00 a.m., 4:00 p.m. and 9:00 p.m., 09-14-12, 09-15-12, 09-17-12, 09-18-12, and 09-24-12 at 6:00 a.m. and 11:00 a.m., 09-25-12 at 11:00 a.m. and 09-26-12 at 9:00 p.m.</p> <p>In addition, the resident had a current plan of care which indicated "Has chronic pain related to wounds, current diagnosis." Interventions to this plan of care included "reposition resident to provide confort <sic>, will give pain meds[medications] as ordered."</p> <p>The resident had a physician order, dated 08-23-12 for Fentanyl [a medication for pain] 25 mcg [micrograms]/hr. [hour] topically and change every 72 hours.</p> <p>Review of the Controlled Drug</p>						

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	<p>Record - Individual Patient's Narcotic Record indicated the facility received 3 Fentanyl patches on 08-23-12 and applied the medication patch at 8:00 a.m., on 08-24-12, 08-28-12, and 09-04-12. The record also had a handwritten entry dated 09-03-12 which had been lined through, and then lacked the administration of the medication as ordered on 08-27-12, and 08-31-12.</p> <p>The resident also had a physician order dated 06-13-12 for Hydrocodone/APAP [a narcotic pain medication] 7.5/325 mg - give 1 to 2 by mouth every 4 hours as needed.</p> <p>* 06-17-12 - The medication was documented as two tablets given at 5:00 a.m. and then again at 8:00 a.m. Further review of this date indicated the resident received the medication at 5:20 p.m. and then again at 8:00 p.m.</p> <p>* 06-19-12 - The medication was</p>				

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	<p>documented at 1400 [2:00 p.m.], illegible for either 4:30 p.m., or 9:30 p.m., and then again at 11:00 p.m.</p> <p>* 06-23-12 - The medication was documented as dispensed at 5:00 a.m. [two tablets], and then one tablet at 8:00 a.m.</p> <p>* 06-29-12 and 07-01-12 - The medication was documented as dispensed at 5:00 a.m. and then again at 8:00 a.m.</p> <p>Review of this document ended with a handwritten entry on 07-01-12 at 1:00 p.m. [two tablets], and then one tablet at 2:00 p.m.</p> <p>* 07-16-12 - The medication was documented as dispensed at 5:30 a.m. [two tablets], and then at 6:00 a.m. [two tablets].</p> <p>* 08-08-12 - The record indicated the resident received two tablets at 4:00 a.m., 6:00 a.m., 10:00 a.m., 2:00 p.m., and then 12:00 p.m., and</p>			

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-WILDWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 7301 E 16TH ST INDIANAPOLIS, IN 46219
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	<p>8:00 p.m.</p> <p>* 08-11-12 - The record indicated the resident received the medication [two tablets] at 5:00 a.m. and then again at 6:00 a.m.</p> <p>* 08-12-12 - The record indicated the resident received the medication [two tablets] at 4:00 a.m. and then again at 6:00 a.m.</p> <p>* 08-15-12 - The record indicated the medication [two tablets] were dispensed to the resident at 3:00 a.m., with the next entry documented as given to the resident at 6:00 a.m.</p> <p>* 08-18-12 - The document indicated the resident received two tablets at 5:00 a.m., with the next entry documented as given at 6:00 a.m.</p> <p>* 08-21-12 - The record indicated the resident received the medication [two tablets] at 4:00 a.m., and then at 6:00 a.m.</p>			

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	<p>* 08-25-12 - The record indicated the resident received the medication [two tablets] at 10:00 a.m. and then again at 12:00 p.m.</p> <p>* 08-31-12 - The record indicated the resident received the medication [two tablets] at 10:00 a.m., and the again at 1:00 p.m.</p> <p>2. The record for Resident "G" was reviewed on 11-05-12 at 10:05 a.m. Diagnoses included but were not limited to acute/chronic respiratory failure, encephalopathy and dysphasia. The record indicated the resident had a tracheostomy. These diagnoses remained current at the time of the record review.</p> <p>Review of the resident's current physician orders for November 2012 indicated "08-24-12 Shiley #4 DIC cuffless [in regard to the resident's tracheostomy] with same size at Bedside."</p> <p>Observation on 11-05-12 at 10:25</p>			

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	<p>a.m. the Unit Manager Licensed Nurse employee # 6 verified the extra tracheostomy was not at the resident's bedside. "The night nurse would have changed it and maybe forgot to replace it." Review of the medication/treatment record lacked documentation the tracheostomy had been changed on the morning of 11-05-12.</p> <p>3. The record for Resident "J" was reviewed on 11-05-12 at 8:20 a.m. Diagnoses included but were not limited to End Stage Renal disease, diabetes mellitus, congestive heart failure, and chronic hypertension. These diagnoses remained current at the time of the record review.</p> <p>The resident had a physician order, dated 06-08-12 for Accuchecks two times a day and physician call orders if the result was less than 60 or greater that 350.</p> <p>Review of the "Diabetic Monitoring Flow Sheet for August 2012 lacked documentation of the</p>						

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	<p>test results on the following dates: 08-01-12 at 4:00 p.m., 08-04-12, 08-15-12, 08-16-12, 08-17-12, 08-18-12, 08-19-12, 08-21-12, 08-22-12, and 08-29-12 two times a day as ordered,</p> <p>During interview on 11-05-12 at 10:55 a.m., the Unit manager, licensed practical nurse employee # 13 indicated "[Name of resident] went to dialysis on Tuesday, Thursday and Saturday in the morning but [resident] would be back for the 4:00 p.m. accucheck. The accuchecks were ordered for two times a day 6:00 a.m. to 7:00 a.m. and then again at 4:00 p.m. I remember the girls told me the Accuchecks were dc'd [discontinued]."</p> <p>However further record review, lacked a physician order that instructed the nursing staff for discontinue the blood glucose monitoring for the resident.</p> <p>4. The record for Resident "I" was</p>				

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	<p>reviewed on 11-05-12 at 10:00 a.m. Diagnoses included but were not limited to hypertension, coronary artery disease, depression and anxiety. These diagnoses remained current at the time of the record review.</p> <p>The resident's current plan of care indicated "[Resident name] has altered cardiovascular status r/t [related to] hypertension, CAD [coronary artery disease, and [resident] has chest pains."</p> <p>Interventions to this plan of care included "Vital signs per physician order. Notify physician of any abnormal readings."</p> <p>The resident progress notes indicated the following:</p> <p>"10-09-12 00:53 [12:53 a.m.] Res. [resident] currently lying in bed c/o [complains of] headache et [and] states 'I feel like my eyes are jumping' res. VS [vital signs] at this time with dynamap BP [blood</p>			

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	<p>pressure]197/97, P [pulse] 81, R [respirations] 18. Res. BP rechecked with manual cuff 196/100. Res. has PRN [as needed] order for clonidine [a blood pressure medication] 0.1 mg [milligrams] given per order. MD called for notification N.O. [new order] to continue to monitor, recheck BP in one hr. [hour] et update as needed res. to be placed on list to be seen by MD."</p> <p>"10-09-12 01:50 [1:50 a.m.] Res. BP 198/100, MD office notified. N.O. received to give additional clonidine 0.1 mg pt [by mouth] now recheck BP in two hours Res. skin is warm et dry respirations are even et unlabored. Res. has no c/o chest pain at this time no s/s [signs/symptoms] of distress. Will continued to monitor."</p> <p>"10-09-12 02:50 [2:50 a.m.] Res. currently lying in bed resting quietly BP 150/80 at this time. Res. states headache is a little better, no c/o chest pain or SOB,</p>						

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	<p>will continue to monitor."</p> <p>"10-09-12 04:10 [4:10 a.m.] Res. resting quietly BP 130/78."</p> <p>"10-10-12 16:30 [4:30 p.m.] Res. found on the floor ROM [range of motion] wnl [within normal limits] BP 213/106 P 89. MD office notified and they said 'recheck BP at 5P [5:00 p.m.] if its still high call back. Rechecked BP 196/96, P 87 MD office is aware said she would call NP [nurse practitioner] and call me back."</p> <p>The record indicated the physician office called the facility with the following order: "10-10-12 Give Clonidine .2 mg by mouth times one and check B/P every fours for 24 hours."</p> <p>Review of the medication record for October 2012 included the resident's blood pressures at 6:00 p.m., 10:00 p.m., 2:00 a.m., 6:00 a.m., and 10:00 a.m., but lacked documentation for 2:00 p.m. and</p>				

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	6:00 p.m." This Federal tag relates to Complaint IN00118994 and IN00117191. 3.1-35(g)(2)						

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F0431 SS=E	<p>483.60(b), (d), (e) 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 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> <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 record review and interview the facility failed to ensure periodic reconciliation of</p>	F0431	F431 I. 1. & 2. Residents #D and #K no longer reside in the nursing center, therefore, no further corrective action could be taken for these residents.II. All	12/07/2012			

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	<p>controlled medications, in that when the facility had residents who had physician orders for controlled pain medications and antianxiety agents, the nursing staff and pharmacy failed to perform random reconciliation of the medications for 2 of 3 residents reviewed for controlled medication with reconciliation in a sample of 11 and had the potential to effect all residents in the facility. [Residents "D" and "K"].</p> <p>Findings include:</p> <p>1. The record for Resident "D" was reviewed on 11-01-12 at 11:40 a.m. Diagnoses included but were not limited to congestive heart failure, hypertension, peripheral vascular disease, depression, osteoporosis, history of fall and anxiety disorder. These diagnoses remained current at the time of the record review.</p> <p>The resident had a physician order, dated 08-23-12 for Fentanyl [a medication for pain] 25 mcg</p>		<p>residents with physician orders for narcotic medications have the potential to be affected, therefore, this plan of correction applies to all of those residents.III. Licensed nursing staff have received in-service education relative to drug records, label/store drugs & biologicals, including but not limited to controlled medications and ensuring periodic reconciliation of controlled medications.A performance improvement tool has been developed that Unit Managers/DNS, or designee, will utilize to monitor daily across all 3 shifts, for 30 days, and then monthly, compliance with controlled drug administration and reconciliation.IV. DNS, or designee, will review findings weekly and report to PI committee monthly for 6 months to determine need for continued monitoring thereafter.V. Completion Date: 12/07/2012</p>				

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	<p>[micrograms]/hr. [hour] topically and change every 72 hours.</p> <p>1a. Review of the Controlled Drug Record - Individual Patient's Narcotic Record indicated the facility received 3 Fentanyl patches on 08-23-12 and applied the medication patch at 8:00 a.m., on 08-24-12, 08-28-12, and 09-04-12. The record also had a handwritten entry dated 09-03-12 which had been lined through, and then lacked the administration of the medication on 08-31-12.</p> <p>1b. The resident also had a physician order dated 08-07-12 for Lorazepam [a medication used for anxiety] 0.5 mg [milligram] tablet - give 1 half-tab [tablet] (0.25 mg) by mouth twice daily.</p> <p>Review of the controlled Drug Record - Individual Patient's Narcotic Record indicated the following discrepancies:</p> <p>* 08-11-12 - The medication was</p>				

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	<p>dispensed at 7:00 a.m., 1:00 p.m. and 9:00 p.m.</p> <p>* 08-13-12 11:00 a.m. - This handwritten entry was lined through and re-written along the left hand side of the narcotic record for 08-13-12 at 8:00 a.m. Beneath this entry was a handwritten entry dated 08-12-12 at 9:00 a.m. which had been lined through.</p> <p>* 08-15-12 - The medication was documented as dispensed at 8:00 a.m., 8:00 a.m. and 9:55. Interview on 11-05-12 at 11:00 a.m., the Director of Nursing Services indicated the 9:55 entry was made by an evening shift nurse even though the record lacked "p.m."</p> <p>* 08-16-12 - The medication was documented as dispensed at 7:00 a.m., 10:00 a.m., and 8:00 p.m.</p> <p>* 08-17-12 - The medication was documented as dispensed at 8:00 a.m., an illegible entry, 9:00 p.m., 6:00 a.m. <sic>, and 1:00 p.m.</p>						

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	<p><sic>.</p> <p>* 08-18-12 - The medication was dispensed/documentated at 8:00 p.m.</p> <p>* 08-20-12 - The medication was documented as dispensed at 8:00 a.m., 1:00 p.m. and again at 8:00 p.m.</p> <p>* 08-24-12 - The medication was documented as dispensed at 7:00 a.m., 1:00 p.m., and 8:00 p.m.</p> <p>* 08-25-12 - The medication was documented as dispensed at 6:00 a.m., 1:00 p.m. and 9:00 p.m.</p> <p>* 08-26-12 - The medication was documented as dispensed at 6:00 a.m., 1:00 p.m. 9:00 p.m. and 8:00 a.m. <sic>.</p> <p>* 08-27-12 - The medication was dispensed/documentated at 8:00 p.m.</p> <p>* 08-31-12 - The medication was documented as dispensed at 6:00 a.m., 1:00 p.m., and 9:00 p.m.</p>				

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	<p>* 09-01-12 - The medication was documented as dispensed at 6:00 a.m., and the next entry also dated 09-01-12 was lined through and above it was a handwritten notation dated 09-02-12 that it was dispensed at 9:00 a.m.</p> <p>* 09-03-12 - The medication was documented as dispensed at 8:00 a.m. and 9:00 p.m. The next entry was documented as 09-04-12 at 8:00 a.m., and the next entry [handwritten] was 09-03-12 at 1:28 p.m.</p> <p>* 09-12-12 - The medication was documented as dispensed one time at 5:00 p.m.</p> <p>* 09-2 [blank] - 12 - Documented as dispensed at 5:00 p.m. lacked complete information related to the exact date.</p> <p>* 09-22-12 - The medication was documented as dispensed at 8:00 a.m., 8:00 p.m. and 8:00 a.m. <sic>.</p>			

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	<p>* 09-23-12, 09-26-12, 09-29-12, 10-03-12, 10-05-12, 10-08-12, 10-09-12, 10-11-12 - The medication was documented as dispensed one time rather than the two times as ordered by the physician.</p> <p>1c. The resident also had a physician order dated 06-13-12 for Hydrocodone/APAP [a narcotic pain medication] 7.5/325 mg - give 1 to 2 by mouth every 4 hours as needed.</p> <p>Review of the Individual Patient's Narcotic Record indicated the following:</p> <p>* 06-17-12 - The medication was documented as two tablets given at 5:00 a.m. and then again at 8:00 a.m. Further review of this date indicated the resident received the medication at 5:20 p.m. and then again at 8:00 p.m.</p> <p>* 06-19-12 - The medication was</p>			

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-WILDWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 7301 E 16TH ST INDIANAPOLIS, IN 46219
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>documented at 1400 [2:00 p.m.], illegible for either 4:30 p.m., or 9:30 p.m., and then again at 11:00 p.m.</p> <p>* 06-23-12 - The medication was documented as dispensed at 5:00 a.m. [two tablets], and then one tablet at 8:00 a.m.</p> <p>* 06-24-12 - The "time" to indicated when the medication was dispensed was illegible, but also indicted the resident received 4 doses. The handwritten entries had been "written over" making the record illegible.</p> <p>* 06-29-12 and 07-01-12 - The medication was documented as dispensed at 5:00 a.m. and then again at 8:00 a.m.</p> <p>Review of this document ended with a handwritten entry on 07-01-12 at 1:00 p.m. [two tablets], and then one tablet at 2:00 p.m.</p> <p>* 07-16-12 - The medication was</p>			

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	<p>documented as dispensed at 5:30 a.m. [two tablets], and then at 6:00 a.m. [two tablets].</p> <p>* 07-20-12 - Two entries were "lined through" at 12:00 p.m. with descending doses of 3 tablets remaining. At the left side of this document was a handwritten entry for 07-20-12 [two tablets] for 5:00 p.m. During interview on 11-05-12 at 11:00 a.m., the Director of Nursing Services indicated she was unaware of what the licensed nurse "did" as the original "time" was 12:00 p.m. and subsequent "time" was 5:00 p.m.</p> <p>* 07-21-12 - The record indicated the resident received the medication at 5:00 a.m., 12:00 p.m., 8:00 a.m., and then at 10:00 a.m.</p> <p>* 08-08-12 - The record indicated the resident received two tablets at 4:00 a.m., 6:00 a.m., 10:00 a.m., 2:00 p.m., and then 12:00 p.m., and 8:00 p.m.</p>				

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	<p>* 08-11-12 - The record indicated the resident received the medication [two tablets] at 5:00 a.m. and then again at 6:00 a.m.</p> <p>* 08-12-12 - The record indicated the resident received the medication [two tablets] at 4:00 a.m. and then again at 6:00 a.m.</p> <p>* 08-13-12 - The record contained a "lined through" entry for 6:00 a.m. A subsequent entry along the left side of the narcotic record was also dated 08-13-12 at 6:00 a.m., which indicated the medication was given to the resident, however the first entry, which had been lined through, had the initials of a different nurse than the entry along the left side of the narcotic record.</p> <p>* 08-15-12 - The record indicated the medication [two tablets] were dispensed to the resident at 3:00 a.m., with the next entry documented as given to the resident at 6:00 a.m.</p>			

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	<p>* 08-18-12 - The document indicated the resident received two tablets at 5:00 a.m., with the next entry documented as given at 6:00 a.m.</p> <p>* 08-21-12 - The record indicated the resident received the medication [two tablets] at 4:00 a.m., and then at 6:00 a.m.</p> <p>* 08-25-12 - The record indicated the resident received the medication [two tablets] at 10:00 a.m. and then again at 12:00 p.m.</p> <p>* 08-31-12 - The record indicated the resident received the medication [two tablets] at 10:00 a.m., and the again at 1:00 p.m.</p> <p>* 09-29-12 - The record indicated the medication was dispensed to the resident, however the licensed nurse neglected to document the time the medication was administered.</p> <p>The facility was unable to provide</p>			
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	<p>documentation of the medication, or the individual patient's narcotic record from 09-20-12 through 10-06-12.</p> <p>2. The record for Resident "K" was reviewed on 11-05-12 at 12:30 p.m. Diagnoses included but were not limited to Dementia, hypertension, mastoidites and congestive heart failure. These diagnoses remained current at the time of the record review.</p> <p>The resident had a physician order dated 07-30-12 for Hydrocodone/APAP 7.5 mg/325 mg Give 1 or 2 tablets orally every 4 hours as needed for pain.</p> <p>Review of the Controlled Drug Record - Individual Patient's Narcotic Record indicated the following:</p> <p>* 07-31-12 1:00 a.m. included the initials of a licensed nurse that two tablets were dispensed. However the entry had been "lined through"</p>						

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	<p>and "error" was written adjacent to the original entry. A subsequent entry dated 07-31-12 at 6:00 p.m. had indicated the resident received two tablets, however the document failed to indicated if the original tablets were "wasted" for the 1:00 a.m. dose.</p> <p>* 08-02-12 - The record indicated the resident received the medication at 6:00 p.m. and then again at 9:00 p.m.</p> <p>* 08-03-12 - The record indicated the resident received the medication at 6:00 p.m. and then again at 9:00 p.m.</p> <p>The Individual Narcotic Record also indicated the resident had physician orders for Hydrocodone/APAP 5/325 mg give 1 or 2 tablets orally every 4 hours as needed for pain.</p> <p>Further review of the record dated 07-22-12 through 08-06-12 had multiple entries "lined through",</p>			

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	<p>scribbled through, written over in regard to "time" administered, and "correction" of remaining doses on 07-25-12, 07-27-12, and 08-06-12.</p> <p>3. Review of facility policy on 11-05-12 at 1:10 p.m., dated as revised 03-12-12, and titled "Controlled Medications," indicated the following:</p> <p>"Rationale [bold type] Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and record keeping in the Center, in accordance with federal and state laws and regulations. Controlled medications are destroyed routinely (e.g., at least monthly, unless destruction is discontinued medications)."</p> <p>"Procedure - Primary Director of Nursing Services (DNS)/Designee -</p> <p>1. Maintain a system to account for the receipt, usage disposition, and</p>				

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	<p>reconciliation of controlled medications. This system includes, but is not limited to:</p> <p>b. Records of usage and disposition of all controlled medications with sufficient detail to allow reconciliation (i.e., the medication administration record (MAR), proof of use sheets, or declining inventory sheets), including destruction, wastage, return to the pharmacy/manufacturer, or disposal in accordance with applicable State requirements.</p> <p>c. Periodic reconciliation of records of receipt, disposition and inventory for all controlled medications (monthly or more frequently as necessary) or when loss is identified."</p> <p>"Administration of a Controlled Drug - 10. When a controlled medication is administered, enter the following information on the accountability record:</p>			

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	<p>a. Date and time of administration.</p> <p>b. Amount administered.</p> <p>c. Signature of the nurse administering the dose, completed after the medication is actually administered.</p> <p>12. When completed, submit accountability records to the DNS.</p> <p>14. During medication storage inspection, review controlled medication storage, records and expiration dates."</p> <p>"Primary - Consultant Pharmacist/Designee - DNS/Designee Drug Diversion.</p> <p>21. Report any discrepancy in controlled substance medications counts to the Director of Nursing Services (DNS) immediately.</p> <p>22. Investigate and make every reasonable effort to reconcile</p>				

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	<p>reported discrepancies.</p> <p>Investigation includes, but may not be limited to:</p> <ul style="list-style-type: none"> a. Interviews, b. Record review and c. Observation of center practices related to controlled substances, including following center policies and procedures <p>31. If a major discrepancy or a pattern of discrepancies occurs or if there is apparent criminal activity, notify the ED [Executive Director], pharmacy manager and consultant pharmacist immediately."</p> <p>4. Interview on 11-05-12 at 11:00 a.m., the records were reviewed with the Director of Nursing Services who indicated at that time, she was unaware of the discrepancies with the narcotic counts or the multiple "corrections, to the "time" medications were administered or possible inaccurate</p>						

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	<p>dates.</p> <p>On 11-05-12 at 2:00 p.m., the Director of Nursing Services provided the "most recent" "CART AUDIT SUMMARY - Medication and Treatment Carts" as provided by the pharmacist and dated 06-21-12. Review of the SUMMARY indicated the concern of "175 transcriptions with omission, and transcribing errors."</p> <p>5. Interview on 11-05-12 at 3:00 p.m., the Administrator indicated she did not have a copy of the pharmacy contract and provided the document on 11-08-12 at the Exit Conference.</p> <p>This Federal tag relates to Complaint IN00117191 and IN00118994.</p> <p>3.1-25(b)(3) 3.1-25(b)(4) 3.1-25(b)(9) 3.1-25(e)(2) 3.1-25(e)(3)</p>						

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