

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155818	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/27/2015
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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 3043 NORTH LINTEL DRIVE BLOOMINGTON, IN 47404
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey and the Investigation of Complaint IN00172422.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00173884.</p> <p>Complaint IN00172422 -Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 18, 19, 20, 21, 22, 26, and 27, 2015.</p> <p>Facility number: 012974 Provider number: 155818 AIM number: 201247830</p> <p>Census bed type: SNF: 34 SNF/NF: 10 Residential: 39 Total: 83</p> <p>Census Payor type: Medicare: 17 Medicaid: 7 Other: 20 Total 44</p>	F 0000	<p>The submission of this plan of correction does not indicate an admission by Hearthstone Health Campus that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to the residents of Hearthstone Health Campus. This facility recognizes it's obligation to provide legally and medically necessary care and service to its residents in an economic and efficient manner. The facility herby maintains it is in substantial compliance with the requirements of participation for residential helath care facilities. To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only. The facility respectfully request from the Department a desk review for paper compliance.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiencystatement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safegaurds 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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F 0309 SS=D Bldg. 00	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</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.</p> <p>Based on interview and record review, the facility failed to ensure a resident received the necessary dialysis care and services in that monitoring of the thrill and bruit had not been well documented for 1 of 1 resident who met the criteria for review of dialysis care (Resident #15) and failed to ensure residents received monitoring of pain medication effectiveness and the effectiveness of the pain interventions for 2 of 3 residents who met the criteria for pain recognition and management in a sample of 3 (Resident #6, Resident #96).</p> <p>Findings include:</p> <p>1. Resident #15's clinical record was reviewed on 5/21/2015 at 3:09 p.m.</p>	F 0309	F309-A The resident #15 had an order written to monitor dialysis site. All residents receiving dialysis could be affected. All residents receiving dialysis services have been assessed to assure facility is following guidelines for hemodialysis shunts. All nursing staff have been re-educated and inserviced regarding facility guidelines for monitoring hemodialysis shunts. Systemic change is Nurses have completed Pre/Post test for assessing hemodialysis shunts. All physicians orders will be reviewed daily by DHS or designee and assure the orders have been placed on the TAR as required for daily assessment and documentation. All resident careplans have been updated to	06/25/2015

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	<p>Diagnosis included, but were not limited to stage 4 chronic kidney disease and type 2 diabetes mellitus.</p> <p>On 5/22/2015 at 12:22 p.m., the Assistant Director of Nursing (ADON) provided the facility treatment sheets for March and April of 2015, which indicated Resident #15 received Dialysis each Monday, Wednesday and Friday. No treatment sheet was provided for May of 2015.</p> <p>Current care plan dated 3/10/2015 indicated, "I receive dialysis 3 times a week ... please check for a bruit and thrill (a turbulence of blood flow felt or heard over an artery or vascular channel/at dialysis shunt site) every shift ..."</p> <p>The Medical Record Administration (MAR) and treatment sheets for March, April, and May 2015, lacked documentation which indicated the thrill and bruit was being monitored every shift for Resident #15's dialysis site.</p> <p>On 5/22/2015 at 12:57 p.m., an interview with License Practical Nurse #2 (LPN #2) indicated she has never checked for a thrill and bruit on Resident #15 and she assumes the evening shift nurse does it when the resident returns from dialysis at 3:00 p.m., on Mondays, Wednesdays and</p>		<p>mirror our guidelines for daily assessment and documentation requirements for hemodialysis shunts. DHS/designee to complete audits on 2 random dialysis residents to assure monitoring completed per policy 5x week x one month 3x a week x one month then weekly with results forwarded to the QA committee monthly x 3 months and quarterly thereafter for review and further suggestions/comments. F309-B The residents suffered no ill effects from the alleged deficiencies. Resident #6 and #96 have had a pain assessment and care plan interventions completed. #96 drug regimen for pain reviewed by physician. Changes made that included discontinuation of pain assessment q shift. Res #96 alert and oriented X 3 and is able to request pain medication when needed. Per res #96 request no routine pain medication orders so that the res may ask when needed. All residents pain medication being reviewed daily by DHS/or designee. Through review clarification of physicians orders have been completed to mirror facilities guidelines for Pain Assessment and Management. Systemic change is All Nurses have been re-educated and inserviced regarding the guidelines on pain assessment and documentation including non-pharmalogical</p>	

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	<p>Fridays.</p> <p>On 5/22/2015 at 3:00 p.m., an interview with the Director of Nursing (DON) indicated she believes the nurses are checking for thrill and bruit every shift, but they have not been documenting if the care had been provided. The DON indicated she will update the MAR today to include monitoring for thrill and bruit.</p> <p>On 5/22/2015 at 11:42 a.m., the DON provided the policy Guidelines For Monitoring Shunt: Hemodialysis Arteriovenous Access (AV) (Fistula, Graft or Central Venous Catheter) dated January 2014, and indicated it was the one currently used by the facility. The policy indicated, "... 2. Monitor the AV shunt daily for thrill and bruit. ..."</p> <p>2a).Resident #6's clinical record was reviewed on 5/21/15 at 3:09 p.m. Diagnosis included, but were not limited to hypertension, chronic pain and edema.</p> <p>The current (MDS) Minimum Data Set assessment dated 5/1/15, indicated a (BIMS) Brief Interview Mental Status score of 15, which was interviewable and cognitively intact.</p> <p>The admission MDS dated 3/12/15 indicated, Resident #6's pain</p>		<p>interventions and effectiveness of pain medication after administration. Included in the education to nurses if a resident is requesting prn medication routinely that res physician shall be notified to request for routine dosage. All careplans are reviewed at the time orders are received and updated to mirror our guidelines for Pain Assessment and Management. DHS/designee will complete pain interviews on 3 random residents and review documentation on MAR to assure pain managed Audits to be completed 5X a week x one month 3X a week x one month then 1X weekly X3 months with results forwarded to the QA committee monthly X 3 months and quarterly thereafter for review and further suggestions/comments.</p>	

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	<p>management assessment indicated, "Received scheduled pain medication regiment? No, ... Received PRN [as needed] medications OR was offered and declined? Yes, ...Received non-medication intervention for pain? Yes, ...Should Pain Assessment Interview be Conducted? Yes ..."</p> <p>The current, May 2015, Physician's order dated 4/4/15, indicated Norco (treatment for moderate to severe pain) 5/325 mg (milligram) every 6 hours as needed for pain.</p> <p>On 5/19/2015 at 11:05 a.m., Resident #6 indicated there was still pain in her right leg that had been broken.</p> <p>On 5/22/15 at 10:20 a.m., Resident #6 indicated there was no pain at the present in her legs. "The pain is not constant."</p> <p>The PRN (as needed) medication Tracking sheet dated April 2015, indicated the following:</p> <p>On 4/4/15, Resident #6 received Norco 5/325 mg at 12:00 a.m. for right femur pain of 8 on a scale of 1-10. There was no indication if non-pharmological interventions were implement prior to pain medication administration or what the pain rating was after the Norco was</p>			

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	<p>administered.</p> <p>On 4/4/15 at 6:00 p.m. Resident #6 received 5/325 mg of Norco for right femur pain of 7 on a scale of 1-10. There was no indication if non-pharmological interventions were implement prior to pain medication administration or what the pain rating was after the Norco was administered.</p> <p>On 4/5/15 at 2:00 a.m. Resident #6 received 5/325 mg of Norco for right femur pain of 7 on a scale of 1-10. There was no indication of pain rating after the Norco was administered. Resident #6 received Norco 5/3/25 mg at 4:00 a.m. for right femur pain of 6-7 on a scale of 1-10. That was 2 hours from the previous administration, when the physician's order read give every 6 hours as needed for pain.</p> <p>On 4/6/15 at 1:45 a.m., Resident #6 received 5/325 mg of Norco for right femur pain of 7 on a scale of 1-10. There was no indication if non-pharmological interventions were implement prior to pain medication administration or what the pain rating was after the Norco was administered. At 2:00 p.m., Resident #6 received Norco 5/325 mg for right femur pain of 6 on a scale of 1-10. There was no follow up/evaluation the resident's</p>			

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	<p>order for Norco had been effective and relieved the resident's pain.</p> <p>On 4/7/15 at 12:00 a.m., Resident #6 received 5/325 mg of Norco for right femur pain. There was no indication of pain rating before or after the Norco was administered. There was no indication if non-pharmological interventions were implement prior to pain medication administration.</p> <p>On 4/9/15 at 3:50 a.m., Resident #6 received 5/325 mg of Norco for right femur pain of 8 on a scale of 1-10. There was no indication of pain rating after the Norco was administered.</p> <p>On 4/11/15 at 3:00 a.m., Resident #6 received 5/325 mg of Norco for right femur pain of 8 on a scale of 1-10. There was no indication of pain rating after the Norco was administered.</p> <p>On 4/13/15 at 5:30 a.m., Resident #6 received 5/325 mg of Norco for right femur pain of 7 on a scale of 1-10. There was no indication if non-pharmological interventions were implement prior to pain medication administration or what the pain rating was after the Norco was administered.</p> <p>Resident #6 had received Norco pain</p>			

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	<p>medication as needed 16 times, during the Month of April 2015, with no indication of a routine pain medication being evaluated for being prescribed.</p> <p>On 5/22/15 at 11:18 a.m., the Director of Nursing indicated, if a PRN (as needed) medicine was routinely given every 4-6 hours they would call the Doctor and get it ordered routinely.</p> <p>b). Resident #96 clinical record was reviewed on 5/21/15 at 11:53 a.m. Diagnosis included but was not limited to: Multiple Sclerosis, osteoporosis, restless leg syndrome, and gait instability w (with)/chronic pain.</p> <p>The current Minimum Data Set (MDS) assessment dated 2/19/15, indicated Resident #96 had a Brief Interview for Mental Status (BIMS) score of 15, which was cognitively intact and interviewable.</p> <p>The admission MDS dated 2/19/15, indicated, Resident #6's pain management assessment indicated, "Received scheduled pain medication regiment? No, ... Received PRN [as needed] medications OR was offered and declined? No, ...Received non-medication intervention for pain? No, ...Should Pain Assessment Interview be Conducted? Yes ... Pain presence?</p>			

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	<p>Yes, ...Pain Frequency? Frequently, ..."</p> <p>On 5/18/15 at 2:20 p.m., Resident #96 indicated, both knees hurt her all the time. Resident #96 indicated she doesn't ask for pain medication, because she doesn't want to take pills.</p> <p>Current May 2015, Physician's order with a start date of 11/8/14, indicated "ASSESS PAIN EVERY SHIFT FOR POTENTIAL PAIN: DOCUMENT 0-10."</p> <p>Individual Plan Report dated 5/20/15 indicated, "I have potential for pain related to my Dx [diagnosis] of MS [Multiple Sclerosis] Exacerbation and Restless Leg Syndrome. ...Observe my facial expressions and body language for indications of pain, ... Before you medicate me, attempt non-pharmacological interventions of repositioning, relaxation, distractions, ..."</p> <p>Review of the Monthly Nursing Assessment forms indicated: On 12/6/14, Resident #96's pain was a 6 on a scale of 1-10 and limited her daily activities. On 1/6/15, Resident #96's pain was a 6 on a scale of 1-10 and limited her daily activities. On 2/16/15, Resident #96 had no pain. On 4/16/15, Resident #96's pain was a 6 on a scale of 1-10 and limited her</p>			

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	<p>daily activities. The DON indicated there was no March 2015, Monthly Nursing Assessment form available. "I guess we missed it." The MDS coordinator indicated she makes a calendar for when the Monthly Nursing Assessment forms should be completed.</p> <p>Review of Medication Administration Record (MAR) dated 2/1 to 2/28/15 indicated the following:</p> <p>On 2/24/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>Review of Medication Administration Record (MAR) dated 3/1 to 3/31/15 indicated the following:</p> <p>On 3/1/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 3/6/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 3/10/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored</p>			

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	<p>for Resident #96.</p> <p>On 3/14/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 3/15/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 3/20/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>Review of Medication Administration Record (MAR) dated 4/1 to 4/30/15, indicated the following:</p> <p>On 4/2/15 and 4/30/15, during the 2:00 p.m. to 10:00 p.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 4/3/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 4/6/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored</p>				

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	<p>for Resident #96.</p> <p>On 4/7/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 4/11/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 4/12/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 4/21/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 4/22/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 4/25/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 4/26/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no</p>			

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	<p>documentation of pain being monitored for Resident #96.</p> <p>On 4/28/2015, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 4/30/15, during the 10:00 p.m. to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>Review of the Medication Administration Record (MAR) dated 5/1 to 5/31/15, indicated the following:</p> <p>On 5/18/15, during the 10:00 p.m to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 5/19/15, during the 10:00 p.m to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 5/20/15, during the 10:00 p.m to 6:00 a.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 5/21/15, during the 10:00 p.m to 6:00 a.m., nursing shift there was no</p>			

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F 0329 SS=E	<p>documentation of pain being monitored for Resident #96.</p> <p>On 5/21/15, during the 2:00- 10:00 p.m., nursing shift there was no documentation of pain being monitored for Resident #96.</p> <p>On 5/21/15 at 1:53 p.m., interview with LPN #2 (Licensed Practical Nurse) indicated "I usually ask her what her pain level was. I haven't been documenting anywhere. I ask her and she tells me no."</p> <p>On 5/21/15 at 2:00 p.m., RN #1 (Registered Nurse) indicated during the night she never has pain. There was no daily documentation indicating Resident #96's pain was being monitored.</p> <p>On 5/21/15 at 2:08 p.m., the Director of Nursing (DON) indicated the blank boxes on the MAR indicated no monitoring of pain. The DON indicated there was no documentation indicating Resident #96's pain level and intervention (non medication therapy) were monitored on a daily basis.</p> <p>3.1-37(a)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM</p>			

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Bldg. 00	<p>UNNECESSARY DRUGS</p> <p>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 interview and record review, the facility failed to ensure residents who received a psychotropic medication were monitored for targeted behaviors and for effectiveness of medications for 4 of 5 residents reviewed for unnecessary medication use. (Resident #20, Resident #46, Resident #33, and Resident #56)</p> <p>Findings include:</p> <p>1. The clinical record was reviewed for Resident #20 on 5/20/15 at 11:05 a.m. The resident was admitted on 1/16/15. Diagnoses included, but were not limited</p>	F 0329	<p>Residents who were identified suffered no ill effects from the alleged deficient practice. Res #56 RHC'D during survey process. #20, #46 and #33 remain in house have been reviewed to ensure psychotropic medication is monitored for side effects and reviewed for continued use of medications. The care plans have been updated as needed. All residents who receive psychotropic medications could be affected. Facility follows guidelines for psychotropic drug use for charting by exceptions. If there are any behavioral occurrences or</p>	06/25/2015

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	<p>to: anxiety and depression.</p> <p>The physician's May 2015, orders for Resident #20 indicated the following:</p> <p>On 4/15/15, the resident was ordered Xanax (antianxiety medication) 0.5 mg (milligrams) at bedtime and Xanax 0.25 mg every morning. On 4/21/15 the resident's Xanax dosage was changed to Xanax 0.25 mg at bedtime.</p> <p>On 4/15/15, the resident was ordered Cymbalta (antidepressant medication) 60 mg daily.</p> <p>The clinical record lacked documentation which indicated targeted behaviors for which the medications were prescribed were monitored for Resident #20's Xanax and Cymbalta.</p> <p>The Wolters Kluwer Nursing 2014 Drug Handbook, 34th edition, copyright 2015, Black Box Warning for Cymbalta included: "... Monitor patient closely for worsening of depression or suicidal behavior..."</p> <p>On 5/21/15 at 10:25 a.m., LPN #1 indicated that targeted behaviors are not routinely documented for the residents. She indicated if a resident would display a behavior, then the staff would complete</p>		<p>occurrences with mood these occurrences are recorded via caretracker printed prior and reviewed daily by DHS or designee during the Clinical Care Meeting and reported to the physician. This information is then available to pharmacist and reviewed by SSD to assess for a GDR. Each print out of occurrences will be kept in the BX Mgt Binder kept by Social Service Director or Designee. All nurses have been in serviced on when to complete Mental Health Circumstance forms. Systemic change is The Social Service Director and/or her designee will maintain a log of all antipsychotics, antidepressant, and antianxiety medications being used within the facility with order date, diagnosis for use, and gradual dose reduction history. The log will be updated and discussed monthly at facility behavior management meeting. The Social Service Director or designee will review any occurrences recorded on Care Tracker in the Continuum Care Meeting Mond - Frid and will be noted on each resident BX Monthly log maintained by Social Service Director or Designee. If the resident has any occurrences throughout the month that have been recorded, the print outs will be reviewed and summarized in the Behavior Committee Meeting Minutes with Social Services. Meeting time will coordinate with</p>	

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	<p>a Circumstance Sheet and follow up for 72 hours.</p> <p>During an interview, on 5/21/15 at 12:05 p.m., the DON (Director of Nursing) indicated the facility charts behaviors only when the resident displayed a behavior.</p> <p>On 5/18/15 at 2:57 p.m., the DON provided the facility's policy, "Guidelines for: Psychotropic Medication Usage and Gradual Does Reductions." The policy did not address monitoring for behaviors, for which the medication was prescribed, related to psychotropic medication use.</p> <p>2. The clinical record was reviewed for Resident #46 on 5/21/15 at 10:35 a.m. The resident was admitted on 3/11/15. Diagnosis included, but was not limited to: depression.</p> <p>The physician's May 2015, orders for Resident #46 indicated the following:</p> <p>On 3/23/15, the resident was ordered Cymbalta (antidepressant medication) 20 mg (milligrams) daily.</p> <p>The clinical record lacked documentation which indicated targeted behaviors for which the medication was prescribed were monitored for Resident #46's</p>		<p>PCA Pharmacy Monthly recommendations when received by facility. Pharmacist reviews residents medication and provides recommendations as per state and federal guidelines for GDR. Those recommendations are reviewed by Interdisciplinary Team during the Behavior Committee Meeting and then communicated for review by residents physician. Changes made based on physicians orders are communicated to resident and/or responsible party. Careplan is updated as required by changes. DHS/designee will audit 3 random residents on psychotropic medications to assure any occurrences noted were reviewed by interdisciplinary team 5x a week x 1 month, 3x a week x 1 month, 1x a week x 3 months and quarterly thereafter with results forwarded to QA for further review and recommendations.</p>	

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	<p>Cymbalta.</p> <p>The Wolters Kluwer Nursing 2014 Drug Handbook, 34th edition, copyright 2015, Black Box Warning for Cymbalta included: "... Monitor patient closely for worsening of depression or suicidal behavior..."</p> <p>On 5/21/15 at 10:25 a.m., LPN #1 indicated that targeted behaviors are not routinely documented for the residents. She indicated if a resident would display a behavior, then the staff would complete a Circumstance Sheet and follow up for 72 hours.</p> <p>During an interview, on 5/21/15 at 12:05 p.m., the DON (Director of Nursing) indicated the facility charts behaviors only when the resident displayed a behavior.</p> <p>On 5/18/15 at 2:57 p.m., the DON provided the facility's policy, "Guidelines for: Psychotropic Medication Usage and Gradual Does Reductions." The policy did not address monitoring for behaviors, for which the medication was prescribed, related to psychotropic medication use.</p> <p>3. Resident #33's clinical record was reviewed on 5/20/2015 at 11:00 a.m. Diagnoses included but, were not limited to anxiety and dementia.</p>			

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	<p>The admission Minimum Data Set (MDS) assessment dated 4/22/2015, assessed Resident #33 as taking an anti-depressant medication the last 7 out of 7 days.</p> <p>Physicians order dated 5/1/2015, indicated Resident #33's medications included but, were not limited to: sertraline tablet (an anti-depressant indicated for use in panic and/or anxiety disorders) 25 milligrams every bedtime for anxiety. The original start date of sertraline is unknown however, Resident #33 admitted to the facility on 4/15/2015, and was on the medication at that time.</p> <p>Current care plan dated 4/27/2015 indicated, "I have a diagnosis of dementia and anxiety and receive a daily psychotropic medication ... observe for signs and symptoms of effectiveness ..."</p> <p>The Wolters Kluwer Nursing 2015 Drug Handbook, 35th edition, copyright 2015, Black Box Warning for sertraline include: "... Advise families and caregivers to closely observe patient for increased suicidal thinking and behavior. ..."</p> <p>The clinical record lacked documentation which indicated behaviors for which the</p>			

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	<p>medication was prescribed and the effectiveness of the medication were being monitored for Resident #33's sertraline since her admit date of 4/15/2015.</p> <p>On 5/22/2015 at 10:29 a.m., an interview with License Practical Nurse #2 (LPN #2) indicated, she doesn't know how to tell if the sertraline is working. She believes the facility should probably start a behavior monitoring sheet for the sertraline, because they do not currently have one.</p> <p>On 5/22/2015 at 11:04 a.m., an interview with the Director of Nursing (DON) indicated, the facility charts behaviors by exception therefore, they would only chart for behaviors if the resident is exhibiting behaviors.</p> <p>On 5/18/15 at 2:57 p.m., the DON provided the facility's policy, "Guidelines for: Psychotropic Medication Usage and Gradual Does Reductions." The policy did not address monitoring for behaviors, for which the medication was prescribed, related to psychotropic medication use.</p> <p>4. Resident #56's clinical record was reviewed on 5/20/2015 at 1:30 p.m. Diagnoses included but, were not limited to metabolic encephalopathy, vascular</p>			

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	<p>dementia and depression.</p> <p>Physicians order dated 5/1/2015, indicated Resident #56's medications included but, were not limited to: sertraline tablet (an anti-depressant) 150 milligrams every day with an original start date of 4/15/2015. On 5/6/2015, the sertraline was increased to 200 milligrams every day. Prior to 4/15/2015, Resident #56 had previously been on sertraline 100 milligrams every day with an original start date of 1/16/2015.</p> <p>Seroquel (an anti-psychotic indicated for use in depression) 100 milligrams every bedtime with an original start date of 5/6/2015, and a discontinue date of 5/9/2015.</p> <p>Depakote (an anti-convulsant indicated for use in mania) 500 milligrams twice a day for agitation with an original start date of 5/6/2015. Prior to 5/6/2015, Resident #56 had previously been on Depakote 250 milligrams twice a day with an original start date of 2/23/2015.</p> <p>Risperdal (an anti-psychotic) 2 milligrams twice a day with an original start date of 5/8/2015.</p> <p>On 5/20/2015, an order to discontinue all</p>			

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	<p>medications and to provide comfort medications and measures only, was received by the facility due to resident # 56's failing health.</p> <p>Current care plan dated 5/18/2015 indicated, "I have a diagnosis of depression and and receive a daily psychotropic medication ... observe for signs and symptoms of effectiveness ..."</p> <p>Current care plan dated 4/22/2015 indicated, "I have a diagnosis of dementia and have behaviors of resisting care and yelling out ... Provide me with psych medications as needed and ordered by physician. ..."</p> <p>The Wolters Kluwer Nursing 2015 Drug Handbook, 35th edition, copyright 2015, Black Box Warning for sertraline include: " ... Advise families and caregivers to closely observe patient for increased suicidal thinking and behavior. ..."</p> <p>The Wolters Kluwer Nursing 2015 Drug Handbook, 35th edition, copyright 2015, Black Box Warning for Risperdal and Seroquel include but, are not limited to: "Elderly patients with dementia-related psychosis treated with anti-psychotics are at increased risk for death. Drug isn't approved to treat elderly patients with</p>			

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F 0371 SS=E Bldg. 00	<p>dementia-related psychosisAlert: Watch for evidence of neuroleptic malignant syndrome (extrapyramidal effects, hyperthermia, autonomic disturbance), which is rare but can be fatal."</p> <p>The clinical record lacked documentation which indicated behaviors for which the medication was prescribed and the effectiveness of the medication were being monitored for Resident #56's sertraline, Seroquel, Risperdal and Depakote since his admit date of 1/16/2015.</p> <p>On 5/21/2015 at 10:59 a.m., an interview with the DON indicated the facility does not routinely monitor for behaviors unless the resident is displaying behaviors.</p> <p>3.1-48(a)(3)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and</p>	F 0371	The residents suffered no ill effects from the alleged	06/25/2015	

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	<p>record review, the facility failed to ensure pitchers containing beverages and a bowl of ice was covered and ice scoop was not left inside while on displayed on the counter as indicated by the facility policy, and the Retail Food Establishment Sanitation Requirement and failed to ensure staff used proper handwashing in the kitchen in that staff was observed not to wash their hands as indicated by facility policy and the Center for Disease Control. for 1 of 2 dining rooms.</p> <p>Findings include:</p> <p>1. On 5/18/15 at 12:10 p.m., with the Dietary Manager (DM) present during lunch an ice scoop was observed inside an uncovered metal bowl of ice uncovered in the Main dining room. There were 5 pitchers with beverage also uncovered on the counter in the Main dining room. The DM indicated, "This is a Trilogy's Policy, that we display the drinks uncovered." The DM indicated, the ice scoop should not be left in the bowl of ice and the ice should be covered. The DM was observed to remove the scoop out of the bowl of ice at that time.</p> <p>On 5/21/15 at 10:24 a.m., the Dietician with the Administrator present indicated there was no policy for displaying</p>		<p>deficiencies. All residents could be affected from the alleged deficiency. Systemic change is the pitchers containing beverages in the service area of dining room have been discarded and replace with pitchers containing snap on lids to follow sanitary guidelines. The bowl containing the ice has been replaced with a polycarbonate pan with insert that will provide coverage with a lid to maintain or meet the guidelines for sanitation. The pan will also provide an attached section to ensure the ice scoop is stored in a clean , protected location to mirror the Retail Food Establishment Sanitation Requirements. Food Service staff and meal managers have been in serviced on the systemic changes All dietary employees were immediately inserviced and re-educated on the guidelines for Handwashing and Glove Usage. Systemic change is All dietary employees were also required to do return demonstration on handwashing as required by facility guidelines and complete annually thereafter. DFS or Designee will complete audits of service area to assure compliance with proper sanitation of service area and handwashing completed as required 5x's week for 1 month, then 3x's week for 1 month, then 1x weekly for 3 months, then 1X quarterly thereafter with results forwarded to QA committee monthly for</p>	

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	<p>beverages in the dining room. The Dietician indicated the area where the uncovered pitchers were, was an area for the staff to have access. The Administrator indicated there was no policy for displaying beverages in the dining room.</p> <p>On 5/26/15 at 11:50 a.m., the Dietary Manager indicated there was a total of 40 residents eating in the main dining room and the Rehab dining room during lunch, which were served ice and beverages from the counter. There was no policy provided for storage of the ice scoop when not being used.</p> <p>RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENTS Effective November 13, 2004, 410 IAC 7-24-179 "... food on display shall be protected from contamination by the use of: (1) packaging; (2) counter, service line, or salad bar food guards; (3) display cases; or (4) other effective means. ..."</p> <p>410 IAC 7-24-234 In-use utensils; between-use storage Sec. 234. (a) During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored in one (1) of the following ways: (1) Except as specified under subdivision (2), in the food with their handles above</p>		review and further suggestions/comments.		

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	<p>the top of the food and the container.</p> <p>(2) In food that is not potentially hazardous with their handles above the top of the food within containers or equipment that can be closed, such as bins of ice, sugar, flour, or cinnamon.</p> <p>(3) On a clean portion of the food preparation table or cooking equipment if both the in-use utensil and food-contact surfaces of food preparation tables or cooking equipment are cleaned and sanitized at a frequency specified under section 296, 297, or 303 of this rule.</p> <p>(5) In a clean, protected location if the utensils, such as ice scoops, are used only with a food that is not potentially hazardous. ..." Findings include:</p> <p>2a. On 5/21/2015 at 10:35 a.m., during observation of the kitchen, Cook #1 was observed to hand wash for 5 seconds, put on gloves and to place spaghetti and spaghetti sauce into a bowl to be pureed. Cook #1 was then observed to pick up 5 empty boxes of breadsticks and stuff them into the garbage can, to arrange breadsticks onto a pan, go to the freezer to obtain a bag of frozen chicken and to place frozen chicken into the fryer. No handwashing was observed during this time and no glove change was observed. Cook #1 was observed to change gloves after placing the frozen chicken into the fryer and to place a piece of bread onto</p>			

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	<p>the grill with a slice of cheese on top of bread. No handwashing was observed before putting gloves on.</p> <p>During an interview on 5/21/2015 at 11:25 a.m., Cook #1 indicated, you handwash for 20 seconds, before going from ready to eat to raw food, after using the bathroom, scratching nose, coming into the kitchen from dining area.</p> <p>2b. On 5/21/2015 at 10:56 a.m., the Dietary Manager (DM) was observed to handwash for 10 seconds, put on gloves then to place spaghetti into a mixing bowl to be pureed.</p> <p>During an interview on 5/21/2015 at 11:30 a.m., the DM indicated, you handwash for 20 seconds while you count 1-2-3-4. Asked if he had done that the DM indicated, "yes, but obviously I counted to fast."</p> <p>On 5/22/2015 at 11:35 a.m., the DM provided the policy, "Guidelines for Handwashing" dated 10/2004, and indicated the policy was the one currently used by the facility. The policy indicated to handwash, "... Before/after preparing/serving meals ... After removing gloves ... Wash well for 20 seconds (ABC or Happy Birthday song,), using a rotary motion and friction. ..."</p>						

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	<p>On 5/27/2015 at 5:00 p.m., review of Center for Disease Control at www.cdc.gov/handwashing/, dated December 16, 2013 indicated, "When should you wash your hands? Before, during and after preparing food, ... After touching garbage, ... How should you wash your hands? Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. Scrub your hands for at least 20 seconds. Need a timer? Hum the 'Happy Birthday song from beginning to end twice. ...' "</p> <p>On 5/27/2015 at 5:30 p.m., review of the RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT Manual, dated November 13, 2004, indicated, "Hand cleaning and drying procedure ... (a) Food employees shall, except as specified in section 343 (c) of this rule, clean their hands and exposed portions of their hands and exposed portions of their arms with a rubbing together the surfaces of their lathered hands and arms for at least twenty (20) seconds in water ... When to wash hands (a) Food employees shall clean their hands and exposed portions of their arms as specified ... immediately before engaging in food preparation. ... and the following ... (6) After handling soiled surfaces, equipment, or utensils ... and</p>						

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R 0000 Bldg. 00	<p>engaging in other activities that contaminate the hands ... Characteristics of materials for utensils and food contact surfaces ... (5) Resistant to the following ... (f) Distortion ... Except as specified under section 401 of this rule, the (1) Floors ... shall be designed, constructed, and installed so they are smooth and easily cleanable. ..."</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p> <p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey and the Investigation of Complaint IN00172422.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00173884.</p> <p>Complaint IN00172422 -Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 18, 19, 20, 21, 22, 26, and 27, 2015.</p> <p>Facility number: 012974</p>	R 0000	<p>The submission of this plan of correction does not indicate an admission by Hearthstone Health Campus that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to the residents of Hearthstone Health Campus. This facility recognizes it's obligation to provide legally and medically necessary care and service to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for residential health care facilities. To this end, this plan of correction shall serve as the credible allegation of compliance with all</p>	

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R 0272 Bldg. 00	<p>Provider number: 155818 AIM number: 201247830</p> <p>Census bed type: SNF: 34 SNF/NF: 10 Residential: 39 Total: 83</p> <p>Census payor type: Medicare: 17 Medicaid: 7 Other: 20 Total: 44</p> <p>Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-5.</p> <p>410 IAC 16.2-5-5.1(e) Food and Nutritional Services - Deficiency (e) All food shall be served at a safe and appropriate temperature. Based on observation, interview, and record review, the facility failed to ensure food trays were served at the proper temperatures as indicated by the Retail Food Establishment Sanitation Requirements for 1 of 2 food trays observed during dining observation.</p> <p>Findings include:</p>	R 0272	<p>state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only. The facility respectfully request from the Department a desk review for paper compliance.</p> <p>The resident suffered no ill effects from the alleged deficiencies. All other residents could be affected from the alleged deficiency. The room services trays were corrected immediately and served per facility guideline for Hot and Cold Temperature Holding. Procedural change have been implemented. The Hot and Cold Room Tray Delivery Cart is now being used for service on</p>	06/25/2015

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	<p>On 5/27/2015 at 12:45 p.m., with the Dietary Manager (DM) present during lunch observation, four trays were observed sitting on a desk in the conference room next to the main dining room. Two of the four trays were observed to be sitting on the table with warmers over the plate for 5 minutes and were ready to be delivered to the residents rooms. The dietary staff was observed to be getting the remaining two trays ready to take to the residents rooms in that they were covering cookies and drinks with plastic wrap. With the DM present, temperatures were obtained of tray one prior to serving. Tray one contained ham and bean soup. The DM was observed to take the temperature of the ham and bean soup by placing the thermometer into the soup and holding for 15 seconds. The soup temperature measured 131 degrees. The DM was observed to take the soup back into the kitchen and obtain a new bowl of soup. The temperature of the new bowl of soup measured 144 degrees.</p> <p>Tray two contained chicken fried steak and mashed potatoes. The DM was observed to take the temperature of the steak and mashed potatoes prior to being served by holding the thermometer for 15 seconds. The chicken fried steak</p>		<p>Residential Halls. The cart will maintain appropriate hot and cold temperatures on all foods to mirror State Food and Nutritional Services. Dietary Staff were immediately inserviced on Hot and Cold Temperature Holding Guidelines. Systemic change is Residential Nursing and Food Service Staff were inserviced on implementing the hot and cold cart for delivery system for Residentail Room Service. DFS or Designee will complete audits of room tray temperatures alternating meals of breakfast, lunch and dinner 7 days a week 5Xs a week X's 1 month, 3X's a wk X's 1 month, 1X per week x's 3months and 1X quarterly to also include weekends designated on audit tool. Results will be forwarded to the QA quarterly for review/comments.</p>	

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	<p>measured 121.1 degrees and the mashed potatoes measured 117. The DM was observed to take the plate back and obtain a new plate of chicken fried steak and mashed potatoes. On recheck, the new plate of chicken fried steak measured 141.2 degrees and the mashed potatoes measured 150 degrees.</p> <p>On 5/27/2015 at 1:00 p.m., an interview with the DM indicated holding temperatures should be at 140 degrees and he will begin to have the dietary staff put the trays together one at a time and deliver them immediately to the resident. He also indicated they can start using the same hot/cold cart that is used for breakfast trays.</p> <p>RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENTS TITLE 410 IC 7-24 Effective November 13, 2004, 410 IC 7-24 "Cooking for hot holding Sec. 187. (a) (1) At one hundred thirty-five (135) degrees Fahrenheit or above, except that roasts cooked to a temperature and for a time specified under section 182 (b) of this rule or reheated as specified in section 188 (e) of this rule may be held at a temperature of one hundred thirty (130) degrees Fahrenheit."</p>			

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R 0273 Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure, as indicated by the facility policy, Center for Disease Control, and the 410 IAC-7-24 Retail Food Establishment Sanitation Requirements, staff used proper handwashing in the kitchen.</p> <p>Findings include:</p> <p>1. On 5/21/2015 at 10:35 a.m., during observation of the kitchen, Cook #1 was observed to hand wash for 5 seconds, put on gloves and to place spaghetti and spaghetti sauce into a bowl to be pureed. Cook #1 was then observed to pick up 5 empty boxes of breadsticks and stuff them into the garbage can, to arrange breadsticks onto a pan, go to the freezer to obtain a bag of frozen chicken and to place frozen chicken into the fryer. No handwashing was observed during this time and no glove change was observed. Cook #1 was observed to change gloves after placing the frozen chicken into the fryer and to place a piece of bread onto the grill with a slice of cheese on top of bread. No handwashing was observed</p>	R 0273	<p>The residents suffered no ill effects from the alleged deficiencies. All other residents could be affected by the alleged deficiency. All dietary employees were immediately inserviced and re-educated on the guidelines for Handwashing and Glove Usage. Systemic change is all dietary employees were required to do return demonstration on handwashing as required by facility guidelines and will complete competency annually. DFS/designee will complete random audit of handwashing and glove usage during meal preparations to assure policies followed 7 days alternating breakfast, lunch and dinner 5x a week for one month then 3x a week for one month then one time a week for three months then quarterly to also include weekends designated on the audit tools. With the results forwarded to QA for review and comments.</p>	06/25/2015

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	<p>before putting gloves on.</p> <p>During an interview on 5/21/2015 at 11:25 a.m., Cook #1 indicated, you handwash for 20 seconds, before going from ready to eat to raw food, after using the bathroom, scratching nose, coming into the kitchen from dining area.</p> <p>2. On 5/21/2015 at 10:56 a.m., the Dietary Manager (DM) was observed to handwash for 10 seconds, put on gloves then to place spaghetti into a mixing bowl to be pureed.</p> <p>During an interview on 5/21/2015 at 11:30 a.m., the DM indicated, you handwash for 20 seconds while you count 1-2-3-4. Asked if he had done that the DM indicated, "yes, but obviously I counted to fast."</p> <p>On 5/22/2015 at 11:35 a.m., the DM provided the policy, "Guidelines for Handwashing" dated 10/2004, and indicated the policy was the one currently used by the facility. The policy indicated to handwash, "... Before/after preparing/serving meals ... After removing gloves ... Wash well for 20 seconds (ABC or Happy Birthday song,), using a rotary motion and friction. ..."</p> <p>On 5/27/2015 at 5:00 p.m., review of</p>			

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	<p>Center for Disease Control at www.cdc.gov/handwashing/, dated December 16, 2013 indicated, "When should you wash your hands? Before, during and after preparing food, ... After touching garbage, ... How should you wash your hands? Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. Scrub your hands for at least 20 seconds. Need a timer? Hum the 'Happy Birthday song from beginning to end twice. ...' "</p> <p>On 5/27/2015 at 5:30 p.m., review of the 'RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT Manual, dated November 13, 2004, indicated, "Hand cleaning and drying procedure ... (a) Food employees shall, except as specified in section 343 (c) of this rule, clean their hands and exposed portions of their hands and exposed portions of their arms with a rubbing together the surfaces of their lathered hands and arms for at least twenty (20) seconds in water ... When to wash hands (a) Food employees shall clean their hands and exposed portions of their arms as specified ... immediately before engaging in food preparation. ... and the following ... (6) After handling soiled surfaces, equipment, or utensils ... and engaging in other activities that contaminate the hands ... Characteristics</p>			

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	of materials for utensils and food contact surfaces ... (5) Resistant to the following ... (f) Distortion ... Except as specified under section 401 of this rule, the (1) Floors ... shall be designed, constructed, and installed so they are smooth and easily cleanable. ..."				