

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155572	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2015
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NAME OF PROVIDER OR SUPPLIER APERION CARE DEMOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 10352 N 600 E COUNTY LINE RD DEMOTTE, IN 46310
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00168674.</p> <p>This visit was in conjunction with a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Complaint IN00168674 - Substantiated. Federal/State deficiency related to the allegation are cited at F332 and F514.</p> <p>Survey dates: February 25, 26, 27, March 2, 3, and 4, 2015.</p> <p>Facility number: 000471 Provider number: 155572 AIM number: 100290390</p> <p>Survey team: Heather Hite, RN, TC Jennifer Redlin, RN Julie Ferguson, RN (February 26, 27, March 2, 3, & 4, 2015) Caitlyn Doyle, RN (February 25, 26, 27, March 2 & 3, 2015)</p> <p>Census bed type: SNF/NF: 64 Residential: 6 Total: 70</p>	F 000		

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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F 332 SS=D Bldg. 00	<p>Census Payor type: Medicare: 14 Medicaid: 37 Other: 13 Total: 64</p> <p>Sample: 8</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.-3.1.</p> <p>Quality review completed on March 11, 2015, by Janelyn Kulik, RN.</p> <p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. Based on observation, interview, and record review, the facility failed to ensure a medication error rate of less than 5%, related to not flushing a Percutaneous Endoscopic Gastrostomy (PEG) tube properly and administering three crushed medications mixed together into a PEG tube for 1 of 4 residents observed during medication pass. Three errors were</p>	F 332	<p>F 332 The facility requests paper compliance for this citation. This Plan of Correction is the center's 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</p>	03/30/2015			

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	<p>observed during 26 opportunities for errors during medication administration resulting in an error rate of 11.5%. (Resident #B)</p> <p>Findings include:</p> <p>1. LPN #1 was observed on 2/26/15 at 4:04 p.m. during a medication administration through Resident #B's PEG tube. LPN #1 washed her hands, applied gloves, stopped the feeding pump, unattached the feeding pump tubing from the PEG tube, and removed a syringe with a plunger from an undated plastic bag stored in the bedside dresser. She then administered a 30 cc (cubic centimeter) air bolus through the PEG tube with the syringe after she had placed her stethoscope next to the resident's stoma (where the tube was placed in the stomach area for access to the tube feeding) to check for placement of the PEG tube. LPN #1 then removed the plunger from the syringe while it remained attached to the tube and placed it on the resident's bedspread and administered 15 cc of water through the tube via gravity. LPN #1 then proceeded with the medication administration.</p> <p>Interview with the DON on 2/27/15 at 1:21 p.m., indicated the nurse should have flushed with 30 cc of water before</p>		<p>deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1) Immediate actions taken for those residents identified: Nurses were one on one in-serviced about proper medication administration via PEG tube and a new syringe was placed at bedside. 2) How the facility identified other residents: There was only one resident in the facility that had the potential to be affected. 3) Measures put into place/ System changes: At this time there are currently no residents in the facility that receive medications via PEG tube. In the event that a resident with a PEG tube is admitted competency checks will be completed by DON or designee on varied shifts. 4) How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 months, then quarterly x1 for a total of 6 months. 5) Date of compliance: 3/30/2015</p>				

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	<p>administering medications.</p> <p>2. While RN #1 prepared Resident #B's PEG tube medications on 2/27/15 at 10:00 a.m., the following was observed: RN #1, without having used hand sanitizer or washing her hands prior to or between each medication, punched out each of the following tablet medications with her bare hands: escitalopram (antidepressant), furosemide (diuretic), and metoprolol tartrate (to treat high blood pressure). RN #1 placed each of the medications into a pouch with her bare hands and proceeded to crush all three medications in the pouch, then placed them in a medication cup for administration. RN #1 went to the resident's room, checked the placement of the resident's PEG tube, then added 20 cc of water into the crushed medication cup and set it aside. RN #1 administered the crushed dissolved tablet mixture, then added 5 cc of water into the syringe to flush the medication.</p> <p>Interview on 2/27/15 with RN #1 at 10:30 a.m., indicated it was normal practice to crush the PEG tube tablets together and administer.</p> <p>Interview with the DON (Director of Nursing) on 2/27/15 at 11:50 a.m., indicated the nurse should have</p>				

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	<p>administered each tablet medication individually into the PEG tube and should not have crushed the tablets together in order to properly flush each medication individually.</p> <p>Interview with the DON on 2/27/15 at 1:21 p.m., indicated the nurse should have flushed with 30 cc of water before administering medications.</p> <p>The record for Resident #B was reviewed on 2/26/15 at 4:45 p.m. The diagnoses included, but were not limited to, hemiplegia, dysphagia, muscle weakness, and epilepsy.</p> <p>The Physician Order Summary for February 2015 was reviewed and indicated NPO (nothing by mouth), furosemide tablet give 20 mg via PEG tube one time a day, metoprolol tartrate tablet give 50 mg via PEG tube two times a day, Lexapro tablet(escitalopram oxalate) 5 mg give 1 tablet by mouth one time day.</p> <p>A policy titled, " G tube-med admin," was provided by the Administrator on 2/27/15 at 11:20 a.m., and indicated "...Procedure: 10. Flush the feeding tube with 30 ml of water at room temperature before medication administration...12. Administer one medication at a time...."</p>				

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F 514 SS=D Bldg. 00	<p>This Federal tag relates to Complaint IN00168674.</p> <p>3.1-25(b)(9) 3.1-48(c)(1)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure the Physician's Verbal Order for a medication was accurately documented. (Resident #B)</p>	F 514	F 514 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation	03/30/2015	

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	<p>Finding includes:</p> <p>Resident #B's record was reviewed on 3/2/15 at 8:27 a.m. Diagnoses included, but were not limited to, epilepsy, hemiplegia, and dysphagia (difficulty in swallowing).</p> <p>A Physician's Order dated 2/7/15, indicated " Phenobarbital (antiseizure medication) 32.4 mg (milligram) Give 0.5 tablet via PEG-tube (a tube used for administration of nutrition and medication that goes directly to the stomach) one time a day related to unspecified epilepsy until 2/13/15. "</p> <p>A Physician ' s Progress note dated 2/6/15 indicated "to the patient and family requested an attempt to decrease his seizure medication. Impression/Plan: 1. Seizure disorder decrease Phenobarbital by one half pill which is a 25% decrease, was discussed with the daughter, to re-evaluated in 1 to 2 weeks and if tolerated will continue to taper the dose, no need to follow levels as discontinuing."</p> <p>A Physician ' s Progress note dated 2/18/15 indicated "to continue on Phenobarbital dose reduction without any seizures. A/P: 1. Seizure disorder</p>		<p><i>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. 1) Immediate action taken for those residents identified: Order was verified for accuracy 2) How the facility identified other residents: All new orders received in the last 30 days have been verified for accurate transcription. 3) Measures put into place/ System changes: Nurses were in-serviced on accurately receiving and transcribing new orders. New orders will be audited twice weekly on five random residents by DON or designee for accuracy and correct transcription. 4) How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 months, then quarterly x1 for a total of 6 months. 5) Date of compliance: 3/30/2015</i></p>		

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	<p>continue Vimpat, Keppra, & (and) Valporate Sodium (antiseizure medications) with dose reduction with Phenobarbital."</p> <p>Interview with the DON (Director of Nursing) on 3/2/15 at 2:35 p.m., indicted there was communication problem between the neurologist and the resident ' s Physician. The Phenobarbital was suppose to be decreased by a 1/2 tab each week instead of a "1/2 tab then discontinue." The resident ' s Physician was notified and the Phenobarbital dose was increased back to 32.4 mg, 1 tablet and will monitor for another decrease at a later time.</p> <p>Interview with the resident ' s Physician on 3/4/15 at 12:13 p.m., indicated, " The facility did not follow my orders correctly for the Phenobarbital reduction. It appears the nurse took my plan as an order. The reduction should have been a reduction of a half pill per week, then re-evaluate in 1-2 weeks.</p> <p>Phenobarbital('s) has a long half life, it stays in the person's system for days. The resident did not have any seizures and not off the medication for very long, that is why it was decided that labs were not necessary. He is to follow up with the neurologist for the rest of the reduction. He is already on other anti-seizure</p>			

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	<p>medications as well. "</p> <p>This Federal tag relates to Complaint IN00168674.</p> <p>3.1-50(a)(2)</p>				