

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155070	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER GREEN VALLEY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3118 GREEN VALLEY RD NEW ALBANY, IN 47150
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: December 07, 08, 09, 10, and 14, 2015</p> <p>Facility number: 000028 Provider number: 155070 AIM number: 100275370</p> <p>Census bed type: SNF/NF: 103 Total: 103</p> <p>Census payor type: Medicare: 14 Medicaid: 81 Other: 8 Total: 103</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 34849 on December 16, 2015.</p>	F 0000	<p>Allegation of Compliance</p> <p>Please accept the following plan of correction for the annual survey on December 7, 2015 to December 14, 2015.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of the Federal and State Laws. This facility appreciated the time and dedication of the Survey Team; the facility will accept the survey as a tool for our facility to use in continuing to better the quality of care provided to the residents in our community.</p> <p>We respectfully request consideration for a desk review and paper compliance.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0431 SS=E Bldg. 00	<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 observation, interview and record review, the facility failed to label medications properly and store and</p>	F 0431	1. Upon review of the alleged incident as cited in the Summary Statement of Deficiencies, no harm was incurred by residents #	12/21/2015	

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	<p>dispose of medications following the manufacturer, pharmacy, or supplier recommendations. This deficient practice affected 4 of 7 medication carts (100 Hall-cart 3, 200 Hall, 400 Hall-Odd and 400 Hall-Even) and 2 of 3 (100 Hall and 500 Hall) medication storage rooms. (Residents #17, #64, #90, #111, #116, and #151)</p> <p>Findings include:</p> <p>During an observation of the 100 Hall medication storage room, with LPN (Licensed Practical Nurse) #1 on 12/10/15 at 9:26 a.m., the following was observed:</p> <ol style="list-style-type: none"> 1. In the refrigerator, for Resident #90, was an opened and undated Toujeo Solo Star Insulin. The label indicated to store this medication at room temperature after being opened. 2. In the refrigerator, for Resident #151, was an opened and undated vial of Lantus insulin. The label indicated to refrigerate this medication until opened. <p>During an observation of the 200 Hall medication cart, with LPN #2 on 12/10/15 at 10:18 a.m., the following was observed:</p>		<p>17, #64, #90, #111, #116, & #151 related to the alleged deficient practice. Nursing administration ensured that all medications identified during the survey were replaced, labeled, dated and stored correctly.</p> <p>2. All current residents have the ability to be affected by the alleged deficient practice. An audit of the medication rooms and medication carts was completed on 12/15/2015 by Nursing Administration to ensure that medications were not expired, stored properly, accurately labeled and dated as indicated.</p> <p>3. On December 17 – December 21, 2015, Licensed Nursing Staff were re-educated by the Staff Development Coordinator and/or designee on the importance of ensuring that medications are not expired, stored properly, accurately labeled and dated as indicated.</p> <p>4. The Director of Nursing and/or designee will audit the medication rooms and medication carts three (3) times a week for four (4) weeks and continue weekly for no less than two (2) additional months to ensure that medications are not expired, stored properly, accurately labeled and dated as indicated. The results of these audits will be presented to the monthly Quality Assurance/Performance Improvement Committee. In addition, The Pharmacy</p>				

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	<p>3. In the medication drawer, for Resident #64, was an expired vial of Lantus insulin, with an opened date of 11/12/15 and an expiration date of 12/3/15.</p> <p>During an observation of the 100 Hall-third medication cart, with LPN #2 on 12/10/15 at 10:23 a.m., the following was observed:</p> <p>4. In the medication drawer, for Resident #116, was an expired vial of Humulin insulin, with an opened date of 11/10/15 and an expiration date of 12/8/15.</p> <p>During an observation of the 500 Hall medication storage room, with LPN #3 on 12/10/15 at 10:43 a.m., the following was observed:</p> <p>5. In the refrigerator, for Resident #17, was an opened and undated vial of Lantus insulin. The label indicated to refrigerate this medication until opened.</p> <p>During an observation of the "400 Hall-odd" medication cart, with LPN #4 on 12/10/15 at 10:53 a.m., the following was observed:</p> <p>6. In the medication drawer, for Resident #111, was a GlucaGen HypoKit medication bag with an expired and unlabeled GlucaGen HypoKit. The</p>		<p>Consultant or designee will audit our medication rooms and medication carts at least quarterly to ensure proper polices and procedures are followed and that medications are not expired, stored properly, accurately labeled and dated. Plan to be updated as indicated.</p>	

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	<p>expiration date on the kit was 10/2015.</p> <p>During an observation of the "400 Hall-even" medication cart, with LPN #5 on 12/10/15 at 11:11 a.m., the following was observed:</p> <p>7. In the medication drawer, was an opened and unlabeled Spiriva HandiHaler and an opened and unlabeled Symbicort Inhaler.</p> <p>During an interview on 12/10/2015 at 11:26 a.m., the DON (Director of Nursing) confirmed all above issues. The DON indicated the pharmacist makes monthly checks on the medications carts, audits are done weekly on the medication carts and medication storage rooms, and the nurses working the floor should check them as needed. The DON indicated expired medications should not be on the medication carts. The DON indicated all medications in the carts should be labeled with resident identifiers. The DON indicated insulin expires 28 days after opening. The DON indicated the medications should be stored, labeled, and dated per manufacturer, pharmacy, or supplier recommendations.</p> <p>A policy, dated January 1, 2013 and titled, "5.3: Storage and Expiration of Medications, Biological's, Syringes, and</p>			

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	<p>Needles", was provided by the DON on 12/14/2015 at 1:00 p.m. and was identified as current. The policy indicated, but was not limited to, the following: "...facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened. Outdated medications will be immediately withdrawn from the stock, and disposed of properly. The facility should ensure the medications for each resident are stored in the containers in which they were originally received. Medications should be stored in an orderly fashion."</p> <p>3.1-25(j) 3.1-25(k) 3.1-25(l) 3.1-25(o)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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