

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155243	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/25/2014
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WINDY HILL DR LAFAYETTE, IN 47905
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F000000	<p>This visit was for the Investigation of Complaints #IN00159429 &amp; #IN00159941.</p> <p>Complaint #IN00159429- Substantiated. Federal/State deficiencies related to the allegations are cited at F282.</p> <p>Complaint #IN00159941- Unsubstantiated due to lack of evidence.</p> <p>Survey dates: November 24 &amp; 25, 2014</p> <p>Facility number: 000147 Provider number: 155243 AIM number: 100266900</p> <p>Survey team: Michelle Carter, RN</p> <p>Census bed type: SNF/NF- 109 Total- 109</p> <p>Census payor type: Medicare- 20 Medicaid- 71 Other- 18 Total- 109</p> <p>Sample- 5</p>	F000000	<p>December 11, 2014</p> <p>Dear Ms. Rhoades, Please accept our plan of correction for Complaint #IN00159429. We are asking for a desk review to achieve substantial compliance. If you have any questions, please feel free to contact me at 765-477-7791 ext 204. We will be happy to provide any supporting documents for your review.</p> <p>Best regards,</p> <p>Laurie Dotas, HFA Administrator/CEO</p>	

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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F000282 SS=D	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by Tammy Alley RN on December 1, 2014.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview,</p>	F000282		12/12/2014

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	<p>the facility failed to ensure accurate transcription was completed to ensure medication orders were followed for 1 of 5 residents, in a sample of 5, reviewed for medication administration. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 11/24/14. Diagnoses for Resident C included, but were not limited to, Alzheimer's dementia with behaviors, senile nuclear sclerosis, transient ischemic attacks, status post cerebrovascular accident, depression disorder and anxiety disorder.</p> <p>Physician discharge orders, dated 11/6/14, from a psychiatric therapy hospital, indicated an order for Namenda (anti-Alzheimer's drug) 10 mg. (milligrams) 1 tablet, by mouth, daily, for dementia.</p> <p>The November 2014 Medication Administration Record (MAR) indicated a physicians order for Namenda 10 mg. 1 tablet, by mouth, daily, was discontinued on 11/7/14. The November 2014 MAR indicated Namenda was not administered to Resident C on the following dates: 11/07/2014</p>		<p>F282 <i>It is the practice of Signature Healthcare of Lafayette to ensure accurate transcription is completed to ensure medication orders are followed.</i></p> <p>I. <u>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?</u></p> <p>·For Residents #C, the resident is no longer a resident of the facility.</p> <p>II. <u>How will other residents having the potential to be affected by the same alleged deficient practice be identified and what corrective action will be taken?</u></p> <p>Corrective Action includes:</p> <p>·Resident orders will be reviewed to ensure ordered medications were transcribed as ordered by the physician. ·New admissions for the previous 30 days were audited to ensure accuracy. No errors were found.</p> <p>III <u>What measures will be put into</u></p>				

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	<p>11/08/2014 11/09/2014 11/10/2014 11/11/2014</p> <p>During an interview on 11/25/14 at 11:45 a.m., the Director of Nursing indicated the order for Namenda was not transcribed, correctly, upon Resident C's return to the facility and the medication order was missed, inadvertently.</p> <p>This Federal tag relates to complaint #IN00159429.</p> <p>3.1-35(g)(2)</p>		<p><u>place or what systemic changes will be made to ensure that the deficient practice does not recur?</u></p> <p>·Licensed nurses will be reeducated on transcribing admission orders, policy and procedure of medication errors, and policy and procedure of transcribing of orders. ·New admission orders will be verified by two licensed nurses to ensure accuracy of transcription and signed off by both nurses. ·The Director of Nursing and/or designee will audit 100% of new admission charts to ensure orders are transcribed correctly. This will be an ongoing practice of this facility to ensure ongoing compliance.</p> <p>IV. <u>How will the corrective action be monitored to ensure the alleged deficient practice will not recur?</u></p> <p>·The Director of Nursing will present results of audits at Quality Assurance Committee (QA) on a quarterly basis until which time the QA Committee determines otherwise until a pattern of compliance has been established. .</p>	

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			<p>The QA Committee will make appropriate recommendations as indicated by the trends identified.</p> <p>V. <u>By what date will the systemic changes be completed?</u></p> <p>-</p> <p>Compliance date: December 12, 2014</p> <p>-</p>		