

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155166	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/19/2014
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NAME OF PROVIDER OR SUPPLIER  VALPARAISO CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 606 WALL ST VALPARAISO, IN 46383
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F000000	<p>This visit was for the Investigation of Complaint IN00150322.</p> <p>Complaint IN00150322-Substantiated. Federal/State deficiencies related to the allegation was cited at F282.</p> <p>Survey Dates: June 19, 2014</p> <p>Facility number: 000083 Provider number: 155166 AIM number: 100289670</p> <p>Survey team: Regina Sanders, RN-TC</p> <p>Census bed type: SNF/NF: 141 Total: 141</p> <p>Census payor type: Medicare: 14 Medicaid: 119 Other: 8 Total: 141</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a post survey desk review on or after July 4, 2014.</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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F000282 SS=D	<p>Quality review completed on June 20, 2014, by Janelyn Kulik, RN.</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, the facility failed to follow a resident's physician orders and care plan, related to insulin administration, for 1 of 3 resident's reviewed for blood sugars in a total sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>During an interview on 06/19/14 at 9:50 a.m., Resident #B indicated she had been receiving her insulin in the morning before she went to the hospital and when she returned to the facility they had administered the insulin at bedtime.</p> <p>Resident #B's record was reviewed on</p>	F000282	<p><b>F282 SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</b></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><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</b></p> <p>Resident #B is receiving medications as ordered.</p>	07/04/2014

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	<p>06/19/14 at 11 a.m. The resident's diagnoses, included but were not limited, diabetes mellitus and chronic kidney disease.</p> <p>A current care plan, dated 10/10/11, with a long term goal date of 09/11/14, indicated the resident was at risk for hypo or hyperglycemic reactions related to diabetes. The approaches included, to administer insulin/medications as ordered.</p> <p>The Physician's Recapitulation Orders, dated 04/14, indicated an order for Lantus insulin 18 units daily at bedtime.</p> <p>A blood glucose test, dated 04/14/14 indicated the resident had a blood sugar of 46 (normal 70-110)</p> <p>A Physician's order, dated 04/14/14 indicated to discontinue the Lantus 18 units at bedtime and start Lantus (insulin) 10 units daily in the morning due to the low blood sugar in the morning.</p> <p>A Nurses' Note, dated 04/30/14 at 2:54 p.m., indicated the resident was direct admit to the hospital from a Physician's office for a possible pulmonary embolism.</p> <p>A Nurses' Note, dated 05/07/14 at 8:05</p>		<p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</b></p> <ul style="list-style-type: none"> <li>· Residents with physician orders and care plans have the potential to be affected by the alleged deficient practice.</li> <li>· Licensed nurses will be re-educated on following physician orders and care plans by the DNS/designee by 7/3/14.</li> <li>· DNS/designee audited all resident physician orders for insulin to ensure that the physicians' orders are followed and care plan reflects physician's orders.</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</b></p> <ul style="list-style-type: none"> <li>· DNS/designee will assign a license nurse to review the medication administration records daily to ensure medications have been administered per physician</li> </ul>	

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	<p>p.m. indicated the resident returned was re-admitted into the facility from the hospital.</p> <p>The Physician's re-admission orders, dated 05/07/14 through 05/31/14, indicated an order for Lantus 18 units every morning.</p> <p>A Physician's order, dated 05/08/14, indicated an order for Lantus 18 units every morning.</p> <p>A Nurses' Note, dated 05/08/14, indicated new orders were received from admission, blood sugar checks were to be decreased to once a day and to continue with Lantus in the morning.</p> <p>The resident's Medication Administration Record (MAR), dated 05/07/14 through 05/31/14, indicated an order for Lantus 18 units every A.M. (morning). On the MAR order, the A.M. had a line through it and "q (every) hs (bedtime)" was written in. The 9 a.m. time had a line through it and 9 p.m. was written in. There was a lack of documentation to indicate the date the Lantus had been changed to bedtime.</p> <p>There was a lack of documentation to indicate an order to from the Physician to change the time of the insulin to bedtime.</p>		<p>orders.</p> <ul style="list-style-type: none"> <li>· The Unit Managers/designee will audit the MAR/TAR's daily to ensure physician's orders are followed.</li> </ul> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</b></p> <ul style="list-style-type: none"> <li>· The SDC/designee will complete a Medication Pass Procedure and Care Plan Review CQI tools will be utilized weekly x 4, then monthly ongoing thereafter. If the threshold of 100% an action plan will be developed.</li> <li>· Data will be submitted to the CQI Committee for review and follow up.</li> <li>· Noncompliance with facility procedures may result in disciplinary action.</li> </ul>	

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	<p>The MAR, indicated the resident had received the 18 units of Lantus at 9 p.m. on 05/31/14.</p> <p>A Nurses' Note, dated 06/01/14 at 9:01 a.m., indicated at 4:45 a.m. the resident was found in a prone position on the floor with blood observed on the resident's right hand and blood coming from the resident's nose. The note further indicated the resident's blood sugar was 40 at 4:51 a.m. and the resident was treated with glucagon (sugar) and transferred to the hospital.</p> <p>During an interview on 06/19/14 at 11:40 a.m., the Director of Nursing and the West Unit Manager indicated the resident's re-admission orders were to give the Lantus in the morning. They indicated there was no order to change the administration time of the Lantus to bedtime. They indicated they did not know who had changed the Lantus administration time.</p> <p>During an interview on 06/19/14 at 11:45 a.m., RN #1 indicated the resident's Physician had changed the administration time to the morning because the resident's blood sugar had been running low in the morning when she had received the insulin at night.</p>						

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	This Federal Tag relates to complaint IN00150322.  3.1-35(g)(1) 3.1-35(g)(2)				