

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155249	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/05/2016
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00195719.</p> <p>Complaint IN00195719-Substantiated, federal and state deficiencies were cited at F-282 and F-514.</p> <p>Survey Dates: April 4 & 5, 2016</p> <p>Facility number: 000153 Provider number: 155249 AIM number: 100266910</p> <p>Census bed type: SNF/NF: 80 Total: 80</p> <p>Census payor type: Medicare: 5 Medicaid: 64 Other: 11 Total: 80</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16-2 3.1.</p> <p>QR completed on April 6, 2016 by 17934.</p>	F 0000		
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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 0282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</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>Based on observation, record review and interview, the facility failed to follow physician orders for 1 of 3 residents reviewed (resident B) who had physician orders for oxygen.</p> <p>Findings include:</p> <p>Review of the clinical record for resident (B) indicated she was admitted to the facility on 3/10/16 with diagnoses including but not limited to Bronchitis, Hypertension, and Atrial Fibrillation.</p> <p>Review of physician orders for resident (B) dated 3/10/16 indicated an order for oxygen 2 liters per minute via nasal cannula to keep saturations greater than 90%. Diagnosis: desaturation.</p> <p>On 4/4/16 at 10:30 a.m. resident (B) was observed to be sleeping in bed. The oxygen concentrator was running but the resident did not have any oxygen on.</p> <p>At 2:00 p.m. on 4/4/16 the resident was</p>	F 0282	<p>F 282 The facility failed to follow Physician orders for 1 of 3 residents reviewed who had a Physician order for oxygen. 1. The Signature Care Consultant obtained an oxygen saturation for resident B of 96%, then applied oxygen per Physician order and obtained an oxygen saturation for resident B of 98% on 4/5/16. Resident B then removed oxygen and stated "I do not want this on anymore", education was completed with resident B and POA. Documentation was placed into EMR for validation. 2. The Signature Care Consultant completed an audit on 4/5/16 of all residents who currently have a Physician order for oxygen application to ensure all were receiving oxygen and were being monitored per policy for oxygen saturation every shift. 3. The In-service Director completed re-education with 100% of nurses regarding Physician orders, documentation of non-compliance, documentation of oxygen saturation, notification of non-compliance and the policy related to oxygen saturation on</p>	04/08/2016

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	<p>observed to be sitting in her wheelchair in her room. The oxygen concentrator was running and an oxygen tank was observed on the back of her wheelchair but no oxygen was on the resident.</p> <p>At 3:30 p.m. on 4/4/16 resident (B) was observed to be still in her room sitting in her wheelchair with no oxygen on.</p> <p>On 4/5/16 at 10:30 a.m. interview with the corporate nurse consultant indicated the resident is non compliant with her oxygen and the facility has this care planned.</p> <p>Review of resident (B's) written plan of care indicated the following:</p> <p>"Problem - Resident has order for oxygen at 2l/min risk for respiratory complication. Resident is non compliant with oxygen, continues to remove oxygen and will remain off oxygen for long periods of time.</p> <p>Goal: Will have no complication through next review</p> <p>Approaches: Administer oxygen as directed</p> <p style="padding-left: 40px;">Update MD with concerns</p> <p style="padding-left: 40px;">Educate resident when</p>		<p>4/8/16. 4. The DON or designee will conduct weekly audits x4, then bi-weekly x4, then monthly of residents with orders for oxygen application to ensure oxygen is being followed per order, documentation is present of oxygen saturation 5. The DON or designee will conduct audits of new admission residents within 24 hours to ensure data entry of Physician order is accurate and monitoring system is in place for oxygen saturation. 6. The DON or designee will bring all audits to monthly QAPI meeting for review.</p>	

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F 0514 SS=D Bldg. 00	<p>noncompliance</p> <p>If oxygen remains off and difficulty breathing occurs, update MD for further instruction."</p> <p>Review of the E-Mar (electronic medication administration record) indicated the there was no documentation of staff administering oxygen or checking the resident's oxygen saturation.</p> <p>Interview with the corporate nurse consultant on 4/5/16 at 11:00 a.m. indicated the administration of the oxygen and documentation of the saturations should be documented every shift on the E-Mar but had not been done for resident (B).</p> <p>This federal tag is related to Complaint: IN00195719</p> <p>3.1-35(g)(2)</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>			

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	<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 document in the resident's clinical record the use of oxygen and the oxygen saturation for 2 of 3 residents (B & C) who had physician orders for oxygen and the monitoring of their oxygen saturation.</p> <p>Finding includes:</p> <ol style="list-style-type: none"> Review of the clinical record for resident (B) on 4/4/16 at 10:45 a.m. indicated a physicians order dated 3/10/16 for the resident to have oxygen by nasal cannula at 2 liters per minute to keep oxygen saturations greater than 90% due to a diagnoses of desaturation. <p>Review of the E-Mar (electronic medication administration record) indicated the facility had not documented the resident's oxygen saturation or use of oxygen on the physicians order listed on the E-Mar. Review of the "Daily Skilled Nurse's Notes" indicated for the week of 3/28/16 through 4/4/16 nursing staff had documented only 3 times the</p>	F 0514	<p>F 514 The facility failed to document the use of oxygen and oxygen saturation in 2 of the 3 residents reviewed.</p> <ol style="list-style-type: none"> The Signature Care Consultant or Licensed nurse obtained an oxygen saturation for resident B of 96%, and resident C of 98% on 4/5/16. This information was documented on resident B and resident C's medical record. The Signature Care Consultant or Licensed nurse completed an audit on 4/5/16 of all residents who currently have a Physician order for oxygen application to ensure all were receiving oxygen and were being monitored per policy for oxygen saturation every shift. The In-service Director completed re-education with 100% of nurses regarding Physician orders, documentation of non-compliance, documentation of oxygen saturation in the medical record, notification of non-compliance, the policy related to oxygen saturation and the policy of documentation of the medical record. 	04/08/2016

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	<p>resident's oxygen saturation.</p> <p>2. Review of the clinical record for resident (C) on 4/5/16 at 10:00 a.m. indicated a physician order dated 1/20/16 for "Titrate oxygen by nasal cannula to keep saturations greater than 90% due to a diagnosis of Dyspnea. (shortness of breath)</p> <p>Review of the E-Mar indicated the facility had not documented the resident's oxygen saturation and/or titration of oxygen. Review of the "Daily Skilled Nurse's Notes" indicated for the week of 3/28/16 through 4/4/16 nursing staff had documented only 4 times the resident's oxygen saturation.</p> <p>On 4/5/16 at 2:00 p.m. review of the current facility Policy "Charting and Documentation", with a revision date of April 2008 indicated "All services provided to the resident, or any changes in the resident's medical or mental condition, shall be documented in the resident's medical record."</p> <p>This federal tag is related to Complaint IN00195719</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>		<p>4. The DON or designee will conduct weekly audits x4, then bi-weekly x4, then monthly of residents with orders for oxygen application to ensure oxygen is being followed per order, documentation is present of oxygen saturation in the medical record.</p> <p>5. The DON or designee will conduct audits of new admission residents within 24 hours to ensure data entry of Physician order is accurate and monitoring system is in place for oxygen saturation along with documentation in the medical record.</p> <p>6. The DON or designee will bring all audits to monthly QAPI meeting for review.</p>	

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

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FORM APPROVED

OMB NO. 0938-0391

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