

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/07/2012
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F0000	<p>This visit was for the Investigation of Complaints IN00103436 and IN00103076.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey and the investigation of Complaint Numbers IN00101897 and IN00102345.</p> <p>Complaint IN00103436 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F281, F282, F314, and F431.</p> <p>Complaint IN00103076 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 31, February 1, 2, 3, 6, 7, 2012</p> <p>Facility number: 000269 Provider number: 155400 AIM number: 100267720</p> <p>Survey Team: Ginger McNamee, RN, TC Delinda Easterly, RN Karen Lewis, RN Betty Retherford, RN</p> <p>Census bed type:</p>	F0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	

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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	<p>SNF: 9 SNF/NF: 69 Total: 78</p> <p>Census payor type: Medicare: 12 Medicaid: 62 Other: 4 Total: 78</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 2/13/12 Cathy Emswiller RN</p>			

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F0157 SS=G	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on clinical record review and interview, the facility failed to ensure continued contact was made with the physician related to a resident's problem with penile discharge</p>	F0157	The facility will ensure this requirement is met through the following corrective measures: 1. Resident #L received treatment for his condition. Resident #44's physician was notified and an	02/29/2012

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	<p>(Resident #L), and failed to notify the physician promptly when a resident developed an open area (Resident #44), for 2 of 9 residents reviewed for physician notification in a Stage 2 Sample of 36.</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #L was reviewed on 2/4/12 at 2 p.m.</p> <p>Diagnoses for Resident #L included, but were not limited to, right scrotal abscess, status post surgery, diabetes mellitus, hypertension, multiple sclerosis, chronic urinary tract infection, and dementia.</p> <p>A health care plan problem, dated 5/25/11 and reviewed on 11/23/11, indicated Resident #L. The clinical record indicated the resident had an anchored foley catheter and problems with chronic urinary tract infections related to a history of urinary retention secondary to a urethral stricture. Interventions for this problem included, but were not limited to, administer "medications as ordered" and "observe urine color, amount, odor, consistency, and frequency and notify the charge nurse of noted problems for further evaluation and possible physician and responsible</p>		<p>appropriate treatment obtained.</p> <p>2. All residents have the potential to be affected. The Nurse's Notes and 24-hour Condition report sheets were reviewed to ensure that physician notification has been made when indicated. See below for additional corrective measures.</p> <p>3. The facility policy and procedure on Physician Notification with Acute Changes in Condition was reviewed and no changes were indicated (see attachment C). Licensed nursing staff were re-educated on the Physician Notification with Acute Changes in Condition policy and procedure. The DON or her designee will review Nurse's Notes, 24-hour Condition Reports and lab results daily, on scheduled work days, to ensure compliance (see attachment D).</p> <p>4. The findings of these audits will be reviewed during during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.</p>				

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	<p>party notification."</p> <p>A nursing note, dated 11/21/11 at 10:00 p.m., indicated "Res [resident] noted to have moderate amt [amount] of penile discharge this shift-brownish, creamy. No c/o [complaints of] pain in penile/scrotal area..... Will cont [continue] to monitor for discharge." The clinical record lacked any information related to the physician having been made aware of the resident's penile discharge.</p> <p>Nursing notes, dated 11/22/11 at 2:20 a.m. and 2 p.m. indicated no penile drainage was noted at those times.</p> <p>A nursing note, dated 11/22/11 at 10:00 p.m., indicated "Res having large amt of creamy brownish discharge from penis. No c/o pain. +malodorous. Increase amt when res returned. Res to see MD [medical doctor] at next available time for eval [evaluation]...."</p> <p>A nursing note, dated 11/23/11 at 2 p.m., indicated the physician had looked at the resident related to his penile discharge and no orders were received at that time. The note did not indicate whether the resident had a penile discharge at the time of the</p>				

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	<p>physicians visit. The clinical record lacked any physician progress note made at the time of the 11/23/11 visit.</p> <p>A nursing note, dated 11/23/11 at 10 p.m., indicated a slight amount of brownish creamy colored penile discharge had been noted on that shift.</p> <p>A nursing note, dated 11/24/11 at 10 p.m., indicated a small amount of brownish creamy penile discharge had been noted.</p> <p>A nursing note, dated 11/25/11 at 2 p.m., indicated "Mod amount discharge from penis and light brown in color...."</p> <p>A nursing note, dated 11/25/11 at 8:05 p.m., indicated "When resident turned and repositioned, moderate amount of light brown thin foul smelling drainage comes from penis...."</p> <p>A nursing note, dated 11/26/11 at 1:55 p.m., indicated "res has had a small amt of drainage from penis...."</p> <p>A nursing note, dated 11/26/11 at 10 p.m., indicated "...small amt of creamy brownish discharge noted from penis...."</p>			

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	<p>A nursing note, dated 11/27/11 at 5 a.m., indicated "Res noted to have small amt of brownish/yellow penile discharge this shift..."</p> <p>A nursing note, dated 11/27/11 at 1:30 p.m., indicated "Res continues to have small amt of drainage from penis."</p> <p>A nursing note, dated 11/27/11 at 10 p.m., indicated "Res has sm [small] amt of creamy discharge from penis.... Res c/o pain all over-requested pain pill...."</p> <p>A nursing note, dated 11/28/11 at 2:25 p.m., indicated "Res had small amt of discharge...."</p> <p>The clinical record lacked any physician notification of the resident's continued problems with penile discharge and/or the development of a foul smell associated with the drainage from the time of the physician's visit on 11/23/11 and the visit by the Nurse Practitioner noted below late in the evening on 11/28/11.</p> <p>A nursing note, dated 11/28/11 at 11:20 p.m., indicated "Nurse Practitioner here and receive new order." A progress note written at the</p>			

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	<p>time of this visit indicated the resident had a brown mucus penile discharge and the assessment was "Candidiasis." A physician's order, dated 11/28/11, indicated Resident #L was to receive Diflucan (an antifungal medication) 150 mg tab 1 daily for 3 days.</p> <p>During an interview with the Director of Nursing (DoN) on 2/7/12 at 10:40 a.m., additional information was requested related to the delay in making the physician aware of the continued drainage and foul odor of the drainage noted above</p> <p>During an interview on 2/7/12 at 2:25 p.m., the DoN indicated she had no information to provide related to physician notification of the continued penile drainage and development of a foul odor associated with the drainage as noted above.</p> <p>2.) The clinical record for Resident #44 was reviewed on 2/2/12 at 10:50 a.m.</p> <p>Resident # 44's current diagnoses included, but were not limited to, Parkinson's disease, hypertension, anemia, and dementia with Alzheimer's,</p> <p>A quarterly Minimum Data Set</p>				

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	<p>Assessment, dated 10/27/11, indicated the resident was totally dependent upon the staff for all activities of daily living.</p> <p>A Braden Scale (a tool used to predict the risk of developing pressure sores), dated 10/26/11, indicated Resident #44 was at a high risk for developing a pressure sore.</p> <p>The resident had a healthcare plan initiated 5/6/11 and updated 1/31/12 which indicated the resident had a problem listed as, is at risk for development of pressure ulcers due to decreased mobility, Alzheimer's dementia, Parkinson's disease, bowel and bladder incontinence, delicate skin and history of pressure areas. Interventions for this problem included, but were not limited to, staff to observe skin when providing care, notify the charge nurses of any skin problems for further assessment and possible physician and responsible party notification, apply preventive topical medication as ordered and notify Hospice of any skin issues.</p> <p>The resident had a physician's order for 1:1:1 (nystatin/zinc/bacitracin) a preventive topical skin ointment to be applied to the coccyx every shift and as needed. The original order date</p>			

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	<p>was 1/14/11. The treatment sheets for October, November, December 2011 indicated the 1:1:1 ointment was applied every shift until 12/12/11.</p> <p>A nursing note, dated 12/9/11 (Friday), indicated the following, resident has a 3 centimeter by 3 centimeter bright red open area on top of right buttock - was informed by the hospice aide, skin sheet initiated.</p> <p>The skin sheet for Resident #44, dated 12/9/11, indicated the resident had a Stage 2 open area to the right buttock.</p> <p>The nurses notes lacked any indication the physician was notified of the open area until 12/12/11. (Monday) A physician's order, dated 12/12/11, indicated, discontinue 1:1:1 ointment to coccyx every shift, begin "Dr D's" (a medicated ointment) to open area every shift and as needed until area healed.</p> <p>The December 2011 treatment sheet for Resident #44 indicated the "Dr. D's" treatment to the open area was started on 12/12/11.</p> <p>The weekly skin sheet indicated the open area was assessed on 12/16/11 and the area had remained</p>						

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	<p>unchanged in size.</p> <p>During an interview with the Director of Nursing on 2/3/12 at 4:00 p.m. additional information was requested related to the delay in treatment of Resident #44's open area, which was observed on 12/9/11 and treatment was initiated on 12/12/11.</p> <p>During an interview with the Director of Nursing on 2/7/12 at 1:30 p.m. she indicated she had no additional information to provide related to the resident having a pressure area observed on 12/9/11 and no change in treatment was given until 12/12/11. She indicated the physician should be notified when an open area was first observed and treatment started as soon as possible. This resulted in a 3 day period of the resident having an open area and receiving no medical treatment to the area.</p> <p>3.) Review of the current facility policy, dated 1/06, titled "ACUTE CHANGE IN CONDITION/EMERGENCY PHYSICIAN SERVICES PROCEDURE," provided by the Director of Nursing on 2/7/12 at 8:25 a.m., included, but was not limited to, the following:</p> <p>"Purpose: To ensure an acute</p>				

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	<p>change in a resident's condition will be addressed in a timely manner as it pertains to needed transfer to an acute care setting.</p> <p>Procedure:</p> <ol style="list-style-type: none"> Contact the attending physician/on-call physician when the resident's condition requires immediate attention or acute care follow-up. If the attending or on-call physician is not available or does not return the phone call, contact the facility's medical director...." <p>This federal tag relates to Complaint IN00103436.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p>				

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F0281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality.</p> <p>Based on record review and interview, the facility failed to ensure the Qualified Medication Aides (QMAs) cared for residents within their scope of practice for 2 of 2 QMAs reviewed for performing neurologic assessments (QMA #8 and QMA#9) for 3 of 4 residents reviewed for neurological assessments in a Stage 2 Sample of 36. (Residents #B, #C, and #Q)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #B was reviewed 2/6/12 at 10:07 a.m.</p> <p>Diagnoses included, but were not limited to, diabetes mellitus, hypertension, and anxiety.</p> <p>Review of a neurological assessment flowsheet, dated 1/29/12 through 2/1/12, indicated QMA #9 performed the assessments of level of consciousness, pupil response, hand grasp, motor function, pain response, and additional observations on the following dates and times:</p>	F0281	<p>The facility will ensure this requirement is met through the following corrective measures: 1. No residents were harmed. 2. All residents have the potential to be affected. See below for corrective measures. 3. The Nursing Department Charting policy and procedure was reviewed and no changes were indicated (see attachment N). Licensed nursing staff and QMA's were re-educated on this policy and the QMA Scope of Practice (see attachment O). The DON or her designee will monitor Nurse's Notes and active NeuroCheck sheets daily, on scheduled work days, to ensure QMA's on staff are practicing within their Scope of Practice (see attachment D). 4. The findings of these audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.</p>	02/29/2012	

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	<p>January 29, at 2:30 a.m., 2:45 a.m., 3:00 a.m., 3:15 a.m., 3:45 a.m., 4:15 a.m., 4:45 a.m., and 5:15 a.m.</p> <p>January 30, at 1:15 a.m.</p> <p>During an interview on 2/7/12 at 10:28 a.m., with the Director of Nursing (DoN), she indicated only the nursing staff are to perform neurological assessments. She further indicated QMAs were not allowed to perform any type of assessment.</p> <p>2.) The clinical record for Resident #C was reviewed on 2/2/12 at 9:30 a.m.</p> <p>Diagnoses included, but were not limited to, diabetes mellitus, hypertension, and mild mental retardation.</p> <p>Review of neurological assessment flowsheet dated 1/14/12 through 1/17/12, indicated QMA #9 performed the assessments of level of consciousness, pupil response, hand grasp, motor function, pain response, and additional observations on the following dates and times:</p> <p>January 15, at 2:25 a.m., and 6:25 a.m.</p>				

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	<p>January 16, at 3:00 a.m.</p> <p>During an interview on 2/7/12 at 10:28 a.m., with the Director of Nursing (DoN), she indicated only the nursing staff are to perform neurological assessments. She further indicated QMAs were not allowed to perform any type of assessment.</p> <p>3.) The clinical record for Resident #Q was reviewed on 2/2/12 at 2:44 p.m.</p> <p>Diagnoses included, but were not limited to, atrial fibrillation, hypertension, and diabetes mellitus.</p> <p>Review of neurological assessment flowsheet dated 1/29/12 through 2/1/12, indicated QMA #8 performed the assessments of level of consciousness, pupil response, hand grasp, motor function, pain response, and additional observations on the following dates and times:</p> <p>January 7, at 8:15 a.m., and 12:15 p.m.</p> <p>January 8, at 1:50 p.m.</p>				

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	<p>During an interview on 2/7/12 at 10:28 a.m., with the Director of Nursing (DoN), she indicated only the nursing staff are to perform neurological assessments. She further indicated QMAs were not allowed to perform any type of assessment.</p> <p>4.) Review of the current facility policy, dated 1/08, titled "NURSING DEPARTMENT CHARTING POLICY AND PROCEDURE," provided by the RN Consultant on 2/7/12 at 2:13 p.m., included, but was not limited to, the following:</p> <p>"PURPOSE: To accurately document in an organized manner all pertinent information related to the resident in the nurses' notes and other designated sections of the clinical record....</p> <p>...QMA DOCUMENTATION GUIDELINES</p> <p>QMAs may observe and document the following: Vital signs Mental Status (oriented, forgetful, confused, etc.) Respiratory status (Resp. rate, presence of cough and observable</p>						

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	<p>shortness of breath) Gastrointestinal Status (diarrhea, frequency of stools, complaints by resident, use of laxatives or stool softeners) Urinary Status (changes in continence or incontinence, presence of a catheter, any complaints, toileting schedule)</p> <p>QMAs should not assess or document on cardiac status, bowel sounds or breath sounds. The licensed nurse must complete these assessments as necessary...."</p> <p>This federal tag relates to Complaint IN00103436.</p> <p>3.1-35(g)(1)</p>				

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F0282 SS=G	<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 clinical record review and interview, the facility failed to ensure medication was given as ordered by the physician (Resident #L), failed to ensure sliding scale insulin was given in accordance with physician's orders (Resident #58), and failed to ensure treatment for a pressure area was obtained in accordance with the resident's plan of care (Resident #44), for 3 of 36 residents reviewed for following the plan of care in a Stage 2 Sample of 36.</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #L was reviewed on 2/4/12 at 2 p.m.</p> <p>Diagnoses for Resident #L included, but were not limited to, right scrotal abscess, status post surgery, diabetes mellitus, hypertension, multiple sclerosis, chronic urinary tract infection, and dementia.</p> <p>A nursing note, dated 11/27/11 at 5 a.m., indicated "Res noted to have small amt of brownish/yellow penile</p>	F0282	<p>The facility will ensure this requirement through the following corrective measures: 1. Residents L, #58 and #44 physician orders were reviewed and compared to MAR to ensure accuracy, along with plans of care. 2. All residents have the potential to be affected. Recapitulation orders, recent telephone orders, MARs, TARs and plans of care were reviewed for all residents to ensure treatments and medications are administered as ordered and treatments obtained and administered as indicated. See below for additional corrective measures. 3. Licensed nursing staff were re-educated on the Physician's Orders policy, Physician notification policy and the Care Planning Development and Review policy (see attachments P, C and K). The DON or her designee will review Nurse's Notes, 24-hour Condition Reports and lab results daily, on scheduled work days, to ensure compliance (see attachment D). Additionally, she or her designee will review physician orders and MAR/TAR's daily to ensure accurate transcription and administration as ordered (see</p>	02/29/2012			

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	<p>discharge this shift..."</p> <p>A nursing note, dated 11/27/11 at 1:30 p.m., indicated "Res continues to have small amt of drainage from penis."</p> <p>A nursing note, dated 11/27/11 at 10 p.m., indicated "Res has sm [small] amt of creamy discharge from penis.... Res c/o pain all over-requested pain pill...."</p> <p>A nursing note, dated 11/28/11 at 2:25 p.m., indicated "Res had small amt of discharge...."</p> <p>A nursing note, dated 11/28/11 at 11:20 p.m., indicated "Nurse Practitioner here and receive new order." A progress note written at the time of this visit indicated the resident had a brown mucus penile discharge and the assessment was "Candidiasis." A physician's order, dated 11/28/11, indicated Resident #L was to receive Diflucan (an antifungal medication) 150 mg tab 1 daily for 3 days.</p> <p>This order was transcribed to the November 2011 medication administration record (MAR). The MAR lacked any documentation that the medication was given. The dates</p>		attachment D) daily, on scheduled work days, for four weeks, then weekly for two months, then monthly. 4. The findings of these audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.		

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	<p>the medication was to be given were blank without any initials. The nursing notes for November 29, 30, and December 1, 2011 lacked any documentation related to the medication having been given.</p> <p>During an interview with the Director of Nursing (DoN) on 2/7/12 at 10:40 a.m., additional information was requested related to the lack of documentation of the Diflucan medication having been given as ordered by the physician.</p> <p>During an interview on 2/7/12 at 2:25 p.m., the DoN indicated she did not know why the nursing staff had not given the Diflucan medication as ordered by the physician on 11/28/11.</p> <p>2.) Clinical record review for Resident #58 was reviewed on 2/2/12 at 2:00 p.m.</p> <p>Diagnoses for Resident #58 included, but was not limited to, diabetes mellitus, congestive heart failure, and arthritis.</p> <p>Resident #58 had a health care plan problem, dated 10/20/11 and last reviewed on 1/19/12, which indicated she was at risk for experiencing hypoglycemia and/or hyperglycemia</p>				

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	<p>related to her diagnoses of diabetes mellitus. One of the interventions for this problem was "monitor blood sugar as ordered and more frequently as indicated, notify physician per call parameters."</p> <p>The November 2011, December 2011, January 2012, and current physician's orders on the February 2012 recapitulation of orders included, but were not limited to, the following diabetic related orders:</p> <p>Accuchecks tid (three times daily) and at bedtime. Call MD if blood sugar below 50 or above 500.</p> <p>Humalog sliding scale coverage at bedtime: 200-250=2 units, 251-300=4 units, 301-350=6 units, 351-400=8 units, 401-450=10 units, 451-500=12 units</p> <p>These accucheck and sliding scale insulin coverage orders were present on the medication administration records (MAR) worded as above. Documentation of the sliding scale readings and insulin given was not recorded on the MARs. A notation on the MAR indicated "See flow sheets."</p> <p>The "Blood glucose monitoring records" for those months indicated</p>				

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	<p>accuchecks were being done three times daily before meals. No accuchecks were being completed at bedtime. The monitoring records indicated sliding scale insulin was being given based on the before meal accucheck readings which was not in accordance with the sliding scale insulin order noted above on the physician's recapitulation of orders.</p> <p>Sliding scale insulin coverage ranging between 2 and 6 units was given before meals on over 75 occasions during those months based on the accucheck readings. The physician's orders lacked any order for sliding scale insulin coverage before meals.</p> <p>During an interview with the RN consultant on 2/6/12 at 1:30 p.m., additional information was requested related to the physician's order for accuchecks tid before meals and at bedtime, the sliding scale insulin orders indicating coverage was to be given at bedtime only, the accuchecks only having been done tid before meals on the flow sheets, and sliding scale insulin being given before meals which was not indicated in the physician's order.</p> <p>During an interview with the DON on 2/6/12 at 1:40 p.m., she provided a</p>				

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	<p>telephone order, dated 10/11/11, which indicated coverage at bedtime was to be discontinued, but sliding scale insulin was to be given as noted above tid before meals based on the accucheck results. She provided a telephone order, dated 10/17/11, which indicated the bedtime accucheck was to be discontinued (since no coverage was to be given). She indicated she did not know why these orders were not correct on the physician's recapitulation of orders and did not know why nursing and/or pharmacy staff had not noted the errors.</p> <p>She indicated the physician had been contacted related to the discrepancies noted above. She provided a physician's order, dated 2/6/12, which indicated the accuchecks were to be done tid before meals and Humalog sliding scale insulin noted above was to be given based upon the accucheck readings.</p> <p>3. The clinical record for Resident #44 was reviewed on 2/2/12 at 10:50 a.m.</p> <p>Resident # 44's current diagnoses included, but were not limited to, Parkinson's disease, hypertension, anemia, and dementia with Alzheimer's,</p>			

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	<p>A quarterly Minimum Data Set Assessment, dated 10/27/11, indicated the resident was totally dependent upon the staff for all activities of daily living.</p> <p>A Braden Scale (a tool used to predict the risk of developing pressure sores), dated 10/26/11, indicated Resident #44 was at a high risk for developing a pressure sore.</p> <p>The resident had a healthcare plan initiated 5/6/11 and updated 1/31/12 which indicated the resident had a problem listed as, is at risk for development of pressure ulcers due to decreased mobility, Alzheimer's dementia, Parkinson's disease, bowel and bladder incontinence, delicate skin and history of pressure areas. Interventions for this problem included, but were not limited to, staff to observe skin when providing care, notify the charge nurses of any skin problems for further assessment and possible physician and responsible party notification, apply preventive topical medication as ordered and notify Hospice of any skin issues.</p> <p>The resident had a physician's order for 1:1:1 (nystatin/zinc/bacitracin) a preventive topical skin ointment to be</p>			

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	<p>applied to the coccyx every shift and as needed. The original order date was 1/14/11. The treatment sheets for October, November, December 2011 indicated the 1:1:1 ointment was applied every shift until 12/12/11.</p> <p>A nursing note, dated 12/9/11 (Friday), indicated the following, resident has a 3 centimeter by 3 centimeter bright red open area on top of right buttock - was informed by the hospice aide, skin sheet initiated.</p> <p>The skin sheet for Resident #44, dated 12/9/11, indicated the resident had a Stage 2 open area to the right buttock.</p> <p>The nurses notes lacked any indication the physician was notified of the open area until 12/12/11. (Monday) A physician's order, dated 12/12/11, indicated, discontinue 1:1:1 ointment to coccyx every shift, begin "Dr D's" (a medicated ointment) to open area every shift and as needed until area healed.</p> <p>The December 2011 treatment sheet for Resident #44 indicated the "Dr. D's" treatment to the open area was started on 12/12/11.</p> <p>The weekly skin sheet indicated the</p>			

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	<p>open area was assessed on 12/16/11 and the area had remained unchanged in size.</p> <p>During an interview with the Director of Nursing on 2/3/12 at 4:00 p.m. additional information was requested related to the delay in treatment of Resident #44's open area, which was observed on 12/9/11 and treatment was initiated on 12/12/11.</p> <p>During an interview with the Director of Nursing on 2/7/12 at 1:30 p.m. she indicated she had no additional information to provide related to the resident having a pressure area observed on 12/9/11 and no change in treatment was given until 12/12/11. She indicated the physician should be notified when an open area was first observed and treatment started as soon as possible. This resulted in a 3 day period of the resident having an open area and receiving no medical treatment to the area.</p> <p>This federal tag relates to Complaint IN00103436.</p> <p>3.1-35(g)(2)</p>				

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F0314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, record review and interview the facility failed to ensure a resident received prompt treatment for a pressure ulcer and failed to provide repositioning services for a resident at risk for developing a pressure ulcer for 2 of 6 residents reviewed for pressure ulcers in a Stage 2 Sample of 36. (Resident #44 and Resident #K)</p> <p>Findings include:</p> <p>1.)The clinical record for Resident #44 was reviewed on 2/2/12 at 10:50 a.m.</p> <p>Resident # 44's current diagnoses included, but were not limited to, Parkinson's disease, hypertension, anemia, and dementia with Alzheimer's,</p> <p>A quarterly Minimum Data Set</p>	F0314	<p>The facility will ensure this requirement is met through the following corrective measures:1. Residents #44 and M's care plans were reviewed to ensure accuracy. Resident #44's wound is being treated with an appropriate treatment. Resident M has been interviewed to ensure she is in agreement with her get up time and her plan of care has been reviewed. She was laid down and care provided when the issue was brought to the DON's attention immediately.2. All residents with wounds and those residents identified to be at risk for pressure ulcer development using the Braden Scale have the potential to be affected. Care plans and treatment orders were reviewed to ensure interventions remain appropriate.3. Nursing staff were re-educated on the Skin Management Program, including interventions to reduce the risk of pressure ulcer development, and the Care Plan policy and the Physician</p>	02/29/2012	

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	<p>Assessment, dated 10/27/11, indicated the resident was totally dependent upon the staff for all activities of daily living.</p> <p>A Braden Scale (a tool used to predict the risk of developing pressure sores), dated 10/26/11, indicated Resident #44 was at a high risk for developing a pressure sore.</p> <p>The resident had a healthcare plan initiated 5/6/11 and updated 1/31/12 which indicated the resident had a problem listed as, is at risk for development of pressure ulcers due to decreased mobility, Alzheimer's dementia, Parkinson's disease, bowel and bladder incontinence, delicate skin and history of pressure areas. Interventions for this problem included, but were not limited to, staff to observe skin when providing care, notify the charge nurses of any skin problems for further assessment and possible physician and responsible party notification, apply preventive topical medication as ordered and notify Hospice of any skin issues.</p> <p>The resident had a physician's order for 1:1:1 (nystatin/zinc/bacitracin) a preventive topical skin ointment to be applied to the coccyx every shift and as needed. The original order date</p>		<p>Notification policy (see attachments Q and K). The DON or her designee will monitor wound aasesment and documentation, along with corresponding plans of care, weekly for 2 months, then monthly for one month, then quarterly thereafter (see attachment R). The DON or her designee will review Nurse's Notes, 24-hour Condition Reports and lab results daily, on scheduled work days, to ensure compliance (see attachment D). The DON or her designee will also monitor residents at risk for pressure ulcer development twice daily, on scheduled working days and, for one month, then daily for one month, then weekly to ensure care planned interventions are implemented (see attachment S). Observations will be completed on all shifts.4. The findings of these audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.</p>		

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	<p>was 1/14/11. The treatment sheets for October, November, December 2011 indicated the 1:1:1 ointment was applied every shift until 12/12/11.</p> <p>A nursing note, dated 12/9/11 (Friday), indicated the following, resident has a 3 centimeter by 3 centimeter bright red open area on top of right buttock - was informed by the hospice aide, skin sheet initiated.</p> <p>The skin sheet for Resident #44, dated 12/9/11, indicated the resident had a Stage 2 open area to the right buttock.</p> <p>The nurses notes lacked any indication the physician was notified of the open area until 12/12/11. (Monday) A physician's order, dated 12/12/11, indicated, discontinue 1:1:1 ointment to coccyx every shift, begin "Dr D's" (a medicated ointment) to open area every shift and as needed until area healed.</p> <p>The December 2011 treatment sheet for Resident #44 indicated the "Dr. D's" treatment to the open area was started on 12/12/11.</p> <p>The weekly skin sheet indicated the open area was assessed on 12/16/11 and the area had remained</p>						

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	<p>unchanged in size.</p> <p>During an interview with the Director of Nursing on 2/3/12 at 4:00 p.m. additional information was requested related to the delay in treatment of Resident #44's open area, which was observed on 12/9/11 and treatment was initiated on 12/12/11.</p> <p>During an interview with the Director of Nursing on 2/7/12 at 1:30 p.m. she indicated she had no additional information to provide related to the resident having a pressure area observed on 12/9/11 and no change in treatment was given until 12/12/11. She indicated the physician should be notified when an open area was first observed and treatment started as soon as possible. This resulted in a 3 day period of the resident having an open area and receiving no medical treatment to the area.</p> <p>2.) The clinical record for Resident #K was reviewed on 2/4/12 at 2:00 p.m.</p> <p>Diagnoses for Resident #K included, but were not limited to, dysphagia, iron deficiency anemia, and cerebrovascular accident (CVA) with left hemiplegia.</p> <p>A quarterly minimum data set</p>						

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	<p>assessment, (MDS) dated 11/5/11 indicated the resident required extensive assistance of the staff for bed mobility, toileting, and transfers and was always incontinent of urine and bowel. The MDS indicated the resident understood others and could be easily understood.</p> <p>A Braden Scale for pressure sore risk, dated 2/3/12, indicated Resident #K had a score of 13. A score of 13 indicated the resident was at moderate risk for the development of pressure sores.</p> <p>A health care plan problem, dated 9/2/11, indicated Resident #K was at risk for the development of pressure ulcers due to multiple health issues including, but not limited to, CVA with left sided hemiplegia, weakness, bowel and bladder incontinence, and limited range of motion in both upper and lower extremities. One of the interventions for this problem was for staff to "encourage and assist resident with turning and repositioning at least every two hours."</p> <p>A health care plan problem, dated 11/22/11, indicated Resident #K required assistance with changing position and body alignment due to her CVA with left hemiplegia. One of</p>			

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	<p>the interventions for this problem was for the staff to "provide the amount of assistance needed to change position approximately every two hours."</p> <p>During observation on 2/1/12 at 11:30 a.m. and 12:25 p.m., Resident #K was up in her geri-chair in the lounge and dining room areas. At 1:15 p.m., the resident was up in her geri-chair in her room and indicated the staff would be arriving shortly to put her to bed. The staff arrived in the room at that time.</p> <p>During an interview on 2/1/12 at 1:20 p.m., the resident was now lying in bed. She indicated she had just been put to bed by the nursing staff and had been up since 4 a.m. She indicated she had not been put back to bed to rest or change her brief since getting up at 4 a.m.</p> <p>During an interview with CNA #10 on 2/1/12 at 1:55 p.m., she indicated she was the CNA providing care to Resident #K on this shift. She indicated Resident #K has been gotten up by the night shift and was up in the geri-chair when she came in at 6 a.m. She indicated she had not put Resident #K back to bed prior to 1:15 p.m.</p>			

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	<p>During observations on 2/2/12 at 10:08 a.m., 10:45 a.m., and 11:20 a.m., Resident #K was observed up in her reclining geri chair in the dining room/activity area. The resident was noted in bed at 1:25 p.m.</p> <p>During an interview on 2/2/12 at 4:45 p.m., Resident #K was resting in bed in her room. She indicated she had been gotten up around 4:00 a.m. and had not been put back to bed until after lunch (after 1:00 p.m.).</p> <p>During an interview with the Director of Nursing (DoN) on 2/2/12 at 5:10 p.m., additional information was requested related to Resident #K being gotten up on the night shift and not returning to bed until after lunch.</p> <p>During an interview on 2/3/12 at 8:35 a.m., the DoN indicated she had talked to both the CNA and nurse on the night shift. She indicated the resident had been gotten up around 5:45 a.m. on 2/2/12. She indicated they were sure of this since they usually "save her for last" since she requires two people to get her up. She indicated she was changing assignments and would make sure the resident was put back to bed between breakfast and lunch for toileting and relief of pressure.</p>			

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	<p>This indicated a time period of at least 7 hours without toileting and repositioning services being provided to resident #85 during the daytime hours on 2/1/12 and 2/2/12.</p> <p>3.) Review of the current undated facility policy, titled "Skin Management Program", provided by the Director of Nursing on 2/7/12 at 8:25 a.m. indicated the following,</p> <p>"Purpose: It is our policy to assess for and reduce risk factors that may contribute to the development of pressure ulcers and other skin alterations unless the individual's condition demonstrates that the development is clinically unavoidable.</p> <p>Procedure:</p> <p>Assessment:</p> <p>1. A comprehensive head to toe assessment will be completed by a licensed nurse upon admission, readmission and at least weekly thereafter.</p> <p>2. Residents who receive assistance with bathing and/or peri-care will be observed daily by nursing staff and any note of red areas, skin tears,</p>						

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	<p>bruises, rashes, abrasions, excoriations or other alterations will be reported to the licensed nurse for further assessment.</p> <p>3. The Braden Scale will be completed upon admission, weekly for 4 weeks post-admission/readmission, quarterly and with significant changes in condition (as defined in the RAI manual) to determine the individual's risk factors.</p> <p>Care Plan Implementation:</p> <p>4. The plan of care will be developed or reviewed following each completion of the Braden Scale by the care plan team. Changes in interventions will be communicated via the 24 hour condition reports and nurse aide assignment sheets.</p> <p>5. Interventions will be implemented according to the individual residents risk factors that will best reduce the risk of development of pressure ulcers and/or promote the most effective healing of existing areas.</p> <p>6. Prevention and treatment interventions will include but are not limited to, the following major categories: nutritional support;</p>			

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	<p>product availability, assistance with mobility and hygiene; physical or occupational therapy; restorative nursing and physician consultation..."</p> <p>This federal tag relates to Complaint IN00103436.</p> <p>3.1-40(a)(1) 3.1-40(a)(2)</p>			

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F0431 SS=A	<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 and interview, the facility failed to ensure discontinued controlled substance narcotics were maintained in a</p>	F0431	The facilit will ensure this requirement is met through the following corrective measures: 1. Medications were secured appropriately when brought to	02/29/2012			

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	<p>secure, double locked area for one of one storage area for discontinued drugs.</p> <p>Findings include:</p> <p>1.) During observation on 2/7/12 at 1:10 p.m., the door to the Director of Nursing's (DoN) office was open. The lights were on in the office with no staff in the office. The connecting door to the Administrator's office was open. The doorway to the hall from the Administrator's office was open also. There was no staff present in either offices.</p> <p>During an observation on 2/7/12 at 1:20 p.m., narcotic storage was checked with the DoN. The discontinued narcotics waiting to be disposed of were in the top drawer of a locked filing cabinet. The drawer contained 3 cards of Lortab 5/500 milligrams (an narcotic pain medication) and 2 cards of Lorazepam 1 milligram (an anti-anxiety medication). The filing cabinet had only 1 lock present.</p> <p>During an interview on 2/7/12 at 1:20 p.m., with the DoN, she indicated the above medications were discontinued and were in the filing cabinet to be destroyed. She indicated her office is</p>		<p>administrator's attention. 2. All residents have the potential to be affected. See below for corrective measures. 3. Licensed nurses were re-educated on storage of controlled substances. The administrator or his designee will monitor three times weekly for two months, then weekly for two months, then monthly to ensure continued compliance (see attachmentV-). 4. Findings of these audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.</p>				

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	<p>always locked when no staff present. During the interview the DoN was informed of the above observation related to the door being open . She indicated the facility would obtain another lock box for narcotics. She indicated the controlled medications would be kept in the locked file cabinet to ensure a two lock system for narcotics.</p> <p>2.) Review of the current facility policy, dated 8/10, titled "MEDICATION ADMINISTRATION POLICY AND PROCEDURE," provided by the RN Consultant on 2/7/12 at 2:13 p.m., included, but was not limited to, the following:</p> <p>"PURPOSE: To administer medications according to the guidelines set forth by the State and Federal regulations.</p> <p>PROCEDURE:...</p> <p>...37. All Schedule II narcotics are kept under double locks, per facility policy..."</p> <p>This federal tag relates to Complaint IN00103436.</p> <p>3.1-25(n)</p>						

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