

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155804	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/28/2014
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NAME OF PROVIDER OR SUPPLIER SPRENGER HEALTH CARE OF MISHAWAKA	STREET ADDRESS, CITY, STATE, ZIP CODE 60257 BODNAR BLVD MISHAWAKA, IN 46544
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F000000	<p>This visit was for the Investigation of Complaint IN00157647.</p> <p>Complaint IN00157647 – Substantiated, deficiencies are cited at F-282 and F-309.</p> <p>Survey Dates: October 24 & 28, 2014</p> <p>Facility number: 013017 Provider number: 155804 AIM number: 201237680</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF: 38 SNF/NF: 5 Residential: 19 NCC: 8 Total: 70</p> <p>Census payor type: Medicare: 38 Medicaid: 5 Other: 27 Total: 70</p> <p>Sample: 4</p> <p>These deficiencies also reflects</p>	F000000		

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>state findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 30, 2014 by Randy Fry 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 ensure medications were available for administration for 2 residents (Residents B and C) in a sample of 4 resident records reviewed.</p> <p>Findings include:</p> <p>1. On 10/24/14 at 2:00 p.m. review of the clinical record for resident (B) indicated he was admitted to the facility on 3/3/14 with Diagnoses including but not limited to Muscle Weakness, Sepsis, Paraplegia and Compartment Syndrome.</p> <p>Interview with Resident (B) on</p>	F000282	F-282 1. Resident B&C were not identified in a sample, however the facility was fully aware of whom the residents identified were. Resident B&C had there medications ordered and given as prescribed. 2. Residents residing at the facility have the potential to be affected by the alleged deficient practice. · The facility Pharmacy completed an whole facility audit to ensure there were no other medications pending refills. · The facility pharmacy staff has performed medication administration for licensed staff to ensure medication is administered as prescribed, 3. The nursing department has been educated on the re-ordering process including physician notification in the event a medication is	11/27/2014

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	<p>10//24/14 at 1:30 p.m. indicated the facility did not have his Lyrica (pain medication) available and he had gone 36 hours without his medication. The resident indicated he noted an increase in his pain without his medication.</p> <p>Review of the clinical record for Resident (B) on 10/28/14 indicated a physicians order for Lyrica (used for pain) 150 milligrams every 8 hours. Review of the medication administration record for October 2014 indicated the resident did not receive the Lyrica on 10/5/14 at 4:00 p.m., and did not receive the medication on 10/6/14 at 12:00 a.m., 8:00 a.m. and 4:00 p.m.</p> <p>On 10/24/14 during the entrance conference, the Administrator indicated she knew why there was a complaint survey. She indicated resident (B's) family had met with her related to the concern of the resident not receiving Lyrica for 36 hours. Further interview with the Administrator indicated she felt the lack of medication being available was due to the pharmacy having a system of "scanning" to reorder medications and there was a problem with the pharmacy reordering system.</p>		<p>unavailable by 11/27/14· The Director of Nursing will run Medication availability reports daily to ensure mediations are not missed and will notify physician if appropriate. 4. The Director of Nursing will conduct . Monthly audits of the medication availability, this will be forwarded to the QA&A committee for review, These audits will be reported monthly for a period of 6-months until compliance is achieved. 5. Date of compliance 11/27/14 F-282 1. Resident B&C were not identified in a sample, however the facility was fully aware of whom the residents identified were. Resident B&C had there medications ordered and given as prescribed. 2. Residents residing at the facility have the potential to be affected by the alleged deficient practice. · The facility Pharmacy completed an whole facility audit to ensure there were no other medications pending refills. · The facility pharmacy staff has performed medication administration for licensed staff to ensure medication is administered as prescribed, 3. The nursing department has been educated on the re-ordering process including physician notification in the event a medication is unavailable by 11/27/14· The Director of Nursing will run Medication availability reports daily to ensure mediations are not</p>		

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	<p>2. Interview with resident (C) on 10/24/14 at 1:50 p.m. indicated she had not received her Sotalol (a blood pressure medication) this morning, which is ordered for 2 times daily in the morning and the evening. She indicated staff told her they had to call the pharmacy to get the medication.</p> <p>Interview with nurse #1 on 10/24/14 at 2:00 p.m. indicated resident (C's) "Sotalol" was not in the medication cart this morning and she had to call the pharmacy to "STAT" (ASAP)the medication. Review of nursing notes dated 10/24/14 at 12:01 p.m. indicated "Spoke to pharmacy who will send Sotalol STAT."</p> <p>Observation and interview with nurse #1 on 10/24/14 at 3:00 p.m. indicated resident (C'S) medication had just arrived and she was giving it to her now.</p> <p>Review of the facility policy "Medication Administration" on 10/28/14 at 1:30 p.m. indicated the following:</p> <p>"It is the policy of Sprenger Retirement Centers that medication</p>		<p>missed and will notify physician if appropriate. 4. The Director of Nursing will conduct . Monthly audits of the medication availability, this will be forwarded to the QA&A committee for review, These audits will be reported monthly for a period of 6-months until compliance is achieved. 5. Date of compliance 11/27/14</p>				

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F000309 SS=D	<p>is administered in a safe manner.</p> <p>Procedure: Medications are administered to the right resident, the right dose, right time, right drug and right route."</p> <p>This Federal Tag is related to complaint: IN00157647</p> <p>3.1-35(g)(2)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview the facility failed to ensure showers were given twice weekly for 1 resident (B) in a sample of 4 resident records reviewed.</p> <p>Finding includes:</p> <p>On 10/24/14 at 2:00 p.m. review of the clinical record for resident (B) indicated he was admitted to the facility on 3/3/14 with</p>	F000309	F-3091. Resident B was not identified due to the nature of the complaint survey, however facility was aware of resident's complaints. Resident B had a shower as requested, the resident does have a history of refusing showers, and the care plan has been updated to reflect his shower needs. 2. Residents residing at the facility have the potential to be affected by the alleged deficient practice. · Resident shower sheets have been reviewed and updated to ensure residents are scheduled	11/27/2014

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	<p>Diagnoses including but not limited to Muscle Weakness, Sepsis, Paraplegia and Compartment Syndrome., 18, 22, 25 and</p> <p>Interview with resident (B) on 10/24/14 at 1:30 p.m. indicated he did not always get showers twice weekly. The resident indicated he was to receive a shower yesterday but did not receive the shower. Resident (B) indicated the CNA (certified nursing assistant) indicated she would give him a shower today.</p> <p>On 10/28/14 at 1:30 p.m. review of the resident "Shower/Bath Skin Check Sheets" for the months of September and October 2014 were reviewed. The sheets indicated the resident was to receive showers on Mondays and Thursdays.</p> <p>Review of the September 2014 calendar, indicated the resident was to receive a shower on September 1, 4, 8, 11, 15, 18, 22, 25 and 29. Review of the documented showers indicated the resident only received a shower on September 9, 22, 25, and refused a shower on 9/29/14.</p> <p>Review of the October 2014</p>		<p>for showers. 3. The Nursing department have been educated on the policy as it relates to performing showers and documenting refusals. · Nursing administration and/or designee will review shower sheets daily.</p> <p>4. The Nursing Administration team will perform audits on resident showers monthly. Results of those audits will be forwarded to QA&A monthly for 6-months and quarterly thereafter until compliance5. Date of Compliance: 11/27/14</p>	

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	<p>calendar, indicated the resident was to receive a shower on October 2, 6, 9, 13, 16, 20, 23 and 27. Review of the documented showers indicated the resident received a shower on October 2, 6, 9, 13, 17, 20 and 24.</p> <p>This Federal Tag is related to complaint IN00157647.</p> <p>3.1-37(a)</p>				