

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 08/02/2011
NAME OF PROVIDER OR SUPPLIER BLISS HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 3008 SHAWNEE DRIVE SOUTH BEDFORD, IN47421		
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R0000	<p>This visit was for the Investigation of Complaint IN00093536..</p> <p>Complaint IN00093536 substantiated. State Deficiencies related to the allegation are cited at R0298, R0054, and R0296.</p> <p>Survey date: 08/02/11</p> <p>Facility number: 004011 Provider number: 004011 AIM number: N/A</p> <p>Survey Team: Sharon Whiteman RN</p> <p>Census bed type: Residential: 38 Total: 38</p> <p>Census payor type: Other: 38 Total: 38</p> <p>Sample: 03</p> <p>These State Residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 8/4/11 Cathy Emswiller RN</p>	R0000	Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited and is also not to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT Constitute and admission or agreement of any conclusions set forth in this allegation by the survey agency.		

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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R0054	<p>(x) Residents have the right to confidentiality of all personal and clinical records. Information from these sources shall not be released without the resident ' s consent, except when the resident is transferred to another health facility, when required by law, or under a third party payment contract. The resident ' s records shall be made immediately available to the resident for inspection, and the resident may receive a copy within five (5) working days, at the resident ' s expense.</p> <p>Based on observation and interview the facility failed to ensure medication information remained confidential. This finding was made during 1 of 1 observation of a medication cart.</p> <p>Findings Include:</p> <p>On 08/02/11 at 5:25 p.m. LPN #1 was observed to stand at the medication cart before walking away and down the hall. The medication cart was observed to have an open medication book on top of the cart.</p> <p>On 08/02 11 at 5:27 p.m. LPN #1 returned to the medication cart. During interview of LPN #1 at that time indicated she had just given a resident insulin and stepped away from the cart for a couple of minutes. LPN #1 indicated the medication book should always be closed</p>	R0054	<p>R 054 410 IAC 16.2-5-1.2(x) Residents' Rights What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. How facility will identify other residents that have potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Wellness Director, Residence Director, and staff were re-educated to our policy and procedure regarding clinical records, HIPPA, and Indiana state ruling 410 IAC 16.2-5-1-2 (x) Resident's Rights. The Wellness Director and/or Residence</p>	08/31/2011	

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	<p>when the medication cart was left unattended.</p> <p>Interview of the Wellness Director and the Resident Director on 08/02/11 at 5:40 p.m. indicated they were not aware of any problems with the medication book being left open.</p> <p>A policy titled "Medication Distribution Methods" was provided by the Wellness Director on 08/02/11 at 6:50 p.m. The policy indicated, "...The MAR [Medication Administration Record]...lists all prescription and non-prescription...medications and treatments prescribed for the resident...Each MAR records the following information: Resident name, suite/room number, Diagnosis and conditions..." The policy was not dated.</p> <p>Interview of the Resident Director on 08/02/11 at 6:50 p.m. indicated the policy was a little vague, but it was a "given" the MAR was not to be left open on top of an unattended medication cart.</p> <p>This State Residential finding relates to Complaint IN00093536.</p>		<p>Director will ensure compliance through monitoring of staff during random walking rounds to ensure resident records remain confidential and are not released unless written consent is obtained by the resident and/or responsible party. How will 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? The Residence Director and the Wellness Director will complete random weekly walking rounds of Residence for a period of three months to ensure resident confidentiality is preserved within Bliss House. Audits will be reviewed within three months of completion by the interdisciplinary team during their QA process to determine the need for an ongoing monitoring plan. Findings indicating compliance will result in cessation of the monitoring plan. By what date will the systemic changes be completed?</p>		

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R0296	<p>(b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff.</p> <p>Based on observation and interview, the facility failed to ensure a medication administration policy included providing privacy by keeping MAR [Medication Administration Record] closed and medications put away when nursing staff was away from the medication cart during 1 of 1 observation of the medication cart.</p> <p>Findings Include:</p> <p>On 08/02/11 at 5:25 p.m. LPN #1 was observed to stand at the medication cart before walking away from the cart and walk down the hall. The medication cart was observed to have an open medication book on top of the cart and a box which contained 1 vial of Lantus insulin and 2 vials of Humalog insulin. The insulin bottles were observed to have the names of residents written on the labels.</p> <p>On 08/02 11 at 5:27 p.m. LPN #1 returned to the medication cart. During interview of LPN #1 at that time indicated she had just given a resident insulin and stepped away from the cart for a couple of minutes. LPN #1 indicated the medication book should have been closed and no medications are to be left on the</p>	R0296	<p>Citation #2 R296 410 IAC 16.2-5-6(b) Pharmaceutical Services What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. LPN #1 was re-educated to our policy and procedure regarding medication distribution methods. How facility will identify other residents that have potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Wellness Director, Residence Director, and staff were re-educated to our policy and procedure regarding clinical records, HIPPA, Medication Distribution methods, and Indiana state ruling 410 IAC 16.2-5-6(b) Pharmaceutical Services. The Wellness Director and/or Residence Director will ensure compliance through monitoring of staff during random walking rounds to ensure medication administration methods remain confidential and secured prior to leaving the medication cart</p>	08/31/2011	

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	<p>medication cart.</p> <p>Interview of the Wellness Director and the Resident Director on 08/02/11 at 5:40 p.m. indicated they were not aware of any problems with medications being left on the medication cart or the medication book being left open.</p> <p>A policy titled "Medication Distribution Methods" was provided by the Wellness Director on 08/02/11 at 6:50 p.m. The policy indicated, "...The MAR [Medication Administration Record]....lists all prescription and non-prescription...medications and treatments prescribed for the resident....Each MAR records the following information: Resident name, suite/room number, Diagnosis and conditions...." The policy was not dated.</p> <p>Interview of the Resident Director on 08/02/11 at 6:50 p.m. indicated the policy was a little vague, but it was a "given" that medications were not to be left on top of the medication cart and the MAR was not to be left open when the nurse walked away from the medication cart.</p> <p>This State Residential finding relates to Complaint IN00093536.</p>		<p>unattended. How will 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? The Residence Director and the Wellness Director will complete random weekly walking rounds of Residence for a period of three months to ensure resident confidentiality regarding medical information and medication administration methods are within compliance and accordance with our policy and procedure as well as Indiana state ruling 410 IAC 16.2-5-6(b) Pharmaceutical Services. Audits will be reviewed within three months of completion by the interdisciplinary team during their QA process to determine the need for an ongoing monitoring plan. Findings indicating compliance will result in cessation of the monitoring plan. By what date will the systemic changes be completed?</p>				

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R0298	<p>(2) A consultant pharmacist shall be employed, or under contract, and shall:</p> <p>(A) be responsible for the duties as specified in 856 IAC 1-7;</p> <p>(B) review the drug handling and storage practices in the facility;</p> <p>(C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping;</p> <p>(D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and</p> <p>(E) review the drug regimen of each resident receiving these services at least once every sixty (60) days.</p> <p>Based on observation and record review, the facility failed to ensure 3 vials of insulin were not left on top of the medication cart while the nurse was in a resident's room. This observation was made during 1 of 1 observation of the medication cart.</p> <p>Findings Include:</p> <p>On 08/02/11 at 5:25 p.m. LPN #1 was observed to stand at the medication cart before walking away and down the hall. One vial of Lantus insulin and 2 vials of Humalog insulin were observed to have been left on top of the unattended medication cart.</p> <p>On 08/02 11 at 5:27 p.m. LPN #1 returned</p>	R0298	<p>Citation #3 R298 410 IAC 16.2. -5-6 (c)(2) Pharmaceutical Services What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. LPN #1 was re-educated to our policy and procedure regarding medication distribution methods. How facility will identify other residents that have potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Wellness Director,</p>	08/31/2011	

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	<p>to the medication cart and during interview of LPN #1 at that time she indicated she had just given a resident insulin and stepped away from the cart for a couple of minutes. LPN #1 indicated no medications are to be left on the medication cart unattended.</p> <p>Interview of the Wellness Director and the Resident Director on 08/02/11 at 5:40 p.m. indicated they were not aware of any problems with medications being left on the medication cart.</p> <p>A policy titled "Medication Distribution Methods" was provided by the Wellness Director on 08/02/11 at 6:50 p.m. The policy indicated, "...The MAR [Medication Administration Record]...lists all prescription and non-prescription...medications and treatments prescribed for the resident...Each MAR records the following information: Resident name, suite/room number, Diagnosis and conditions...." The policy was not dated.</p> <p>Interview of the Resident Director on 08/02/11 at 6:50 p.m. indicated the policy was a little vague, but it was a "given" that medications were not to be left on top of the medication cart.</p> <p>This State Residential finding relates to</p>		<p>Residence Director, and staff were re-educated to our policy and procedure regarding clinical records, HIPPA, Medication Distribution methods, and Indiana state ruling 410 IAC 16.2-5-6(b) Pharmaceutical Services. The Wellness Director and/or Residence Director will ensure compliance through monitoring of staff during random walking rounds to ensure medication administration methods remain confidential and secured prior to leaving the medication cart unattended. How will 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? The Residence Director and the Wellness Director will complete random weekly walking rounds of Residence for a period of three months to ensure resident confidentiality regarding medical information and medication administration methods are within compliance and accordance with our policy and procedure as well as Indiana state ruling 410 IAC 16.2-5-6(b) Pharmaceutical Services. Audits will be reviewed within three months of completion by the interdisciplinary team during their QA process to determine the need for an ongoing monitoring plan. Findings indicating compliance will result in cessation of the monitoring plan. By what date will the</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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