STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15E064		10/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSIDE HAVEN HEALTH CARE CENTER	505 N GAVIN ST MUNCIE, IN 47303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for a Recertification and State Licensure Survey. Survey dates: October 7, 8, 9 and 10, 2013 Facility number: 000311 Provider number: 15E064 AIM number: 100285520 Survey team: Jason Mench RN, TC Karen Lewis, RN Ginger McNamee, RN (October, 7, 9, 10, 2013) Betty Retherford RN (October 7, 8 and 9, 2013) Census bed type: NF: 39 Total: 39 Census payor type: Medicaid: 37 Other: 2 Total: 39 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality Review completed by Debora Barth, RN.	F000000	F-0000This plan of Correction is prepared and executed because it is required by the provisions of the State and Federal Regulations, and not because Brookside Haven agrees with the allegations and citations listed on this statements of deficiencies. This Plan of Correction shall operate as Brookside Haven's written credible allegation of compliance. Brookside Haven respectfully request paper compliance on the attached Plan of Correction.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E064	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/10/2013

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F000282 SS=D	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 administer sliding scale insulin as ordered by the physician for 1 of 1 resident reviewed for sliding scale insulin administration (Resident #1) and failed to ensure bowel monitoring was completed and interventions initiated in accordance with the resident's plan of care for 1 of 19 residents reviewed for following the care plan. (Resident #45) Findings include: 1. The clinical record record for Resident #1 was reviewed on 10/10/13 at 7:56 a.m. Diagnoses for Resident #1 included, but were not limited to, diabetes, seizures, and schizophrenia. Current physician's orders for Resident #1 included, but were not limited to, the following orders: a. Metformin (an oral diabetic medication) 1,000 milligrams (mg) 1	F000282	F- 2821.) (A) RN Consultant immediately re-educated nurses on duty on 10/10/13 and the new DON in facility at time of survey, and completed in-service with all nurses on 10/21/13 on the policy and procedure for the administration of sliding scale insulin as ordered and proper documentation if resident #1 or any resident refuses to take the amount ordered by physician. (B) RN Consultant interviewed and did complete assessment on resident #45 concerning bowel eliminations. Resident #45 states that he had bowel movements daily, abdomen was soft and non-distended with positive bowel sounds in all four quadrants.2.) (A) Any resident with sliding scale insulin have the potential to be affected. (B) Any resident have the potential to be affected.3.) RN Consultant immediately re-educated all nursing staff on the importance of following sliding scale insulin orders and proper documentation if resident refuses to take correct amount and bowel elimination protocol and documentation on 10/21/13. (A) Care Plan reviewed and updated on resident #1. Disciplinary actions was	11/01/2013

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	tablet by mouth twice a day. The original date of this order was 6/4/13. b. Tradjenta (an oral diabetic medication) 5 mg 1 tablet by mouth once a day. The original date of this order was 7/16/13. c. Novolog Mix 70/30 (insulin) inject 10 units subcutaneous every day at 5 p.m. The original date of this order was 9/11/13. d. Novolog Mix 70/30 (insulin) inject 12 units subcutaneous every morning. The original date of this order was 10/2/13. e. Monitor blood sugar results before each meal. The original date of this order was 8/15/13. f. Administer Novolog sliding scale insulin according to blood sugar results as listed below, 150 - 200 = 3 units 201 - 250 = 5 units 251 - 300 = 7 units 301 - 400 = 9 units 401 - 450 = 10 units greater than 451 give a total of Novolog 10 units, if sugar still greater than 451 at next blood sugar reading call physician		taken upon nursing staff involved in errors on insulin coverage. (B) Reviewed all resident's bowel elimination records. Reviewed and updated Care Plan on resident #45. 4.) HFA, DON, or Designee will monitor all residents with sliding scale insulin coverage and bowel elimination records daily x3 months, then weekly x3 months to ensure compliance. The facility QA Committee will review quarterly in their regular scheduled meeting and will make recommendations and corrections as deemed necessary. (See exhibits A & B)5.) Date Completed - 11/01/13	

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	The original date of this order was 10/2/13. A health care plan, dated 5/13/13, indicated Resident #1 had a problem listed as, "the resident has a diagnosis of diabetes mellitus and is at risk for experiencing hypo or hyperglycemia." Interventions for this problem included, but were not limited to, monitor blood sugars as ordered and administer medications as ordered. Review of the August, September, and October 2013 Medication Administration Records (MAR) indicated Resident #1 received the incorrect dose of sliding scale insulin on the following dates and times: August 21, 2013 at 11:00 a.m., blood sugar result was 513, 9 units of insulin was documented as having been given, the resident should have received 10 units. September 4, 2013 at 11:00 a.m., blood sugar result was 554, 9 units of insulin was documented as having been given, the resident should have received 10 units. September 18, 2013 at 6:00 a.m., blood sugar result was 152, no insulin			

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	was documented as having been given, the resident should have received 3 units. September 20, 2013 at 6:00 a.m., blood sugar result was 334, no insulin was documented as having been given, the resident should have received 9 units. September 21, 2013 at 6:00 a.m., blood sugar result was 201, no insulin was documented as having been given , the resident should have received 5 units. September 23, 2013 at 11:00 a.m., blood sugar result was 363, 7 units of insulin was documented as having been given, the resident should have received 9 units. September 26, 2013 at 11:00 a.m., blood sugar result was 353, 7 units of insulin was documented as having been given, the resident should have received 9 units. October 3, 2013 at 11:00 a.m., blood sugar result was 554, no insulin was documented as having been given, the resident should have received 10 units. October 9, 2013 at 11:00 a.m., blood			

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	sugar result was 524, 9 units of insulin was documented as having been given, the resident should have received 10 units. During an interview with the RN Consultant on 10/10/13 at 9:10 a.m., additional information related to the sliding scale insulin documentation was requested. During an interview with the RN Consultant on 10/10/13 at 10:15 a.m., she indicated she had no further information to provide related to the sliding scale insulin documentation. 2. The clinical record record for Resident #45 was reviewed on 10/8/13 at 2:44 p.m. Diagnoses for Resident #45 included, but were not limited to, constipation, depression, and dementia. A health care plan problem, dated 6/12/13, indicated Resident #45 had a potential for constipation. One of the goals for this problem indicated the resident would have a soft formed stool at least every 3 days. Interventions for this problem included, but were not limited to, monitor resident's bowel movements and administer medications as			

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	ordered by physician. Current physician's orders for Resident #45 included, but were not limited to, the following orders: a. Miralax (a laxative) 17 Grams (dissolved in 8 ounces of water) by mouth once a day. The original date of this order is 6/12/13. b. Milk of Magnesia (a laxative) 30 milliliters (ml) by mouth once a day as needed for constipation. The original date of this order is 6/12/13. Review of the July, August, and September 2013 Medication Administration Records (MAR) indicated Resident #45 did not have a bowel movement for the following time period: July 17, 18, 19, 20, 21, and 22, all zeros recorded or blank spaces. A time period of 6 days without a recorded bowel movement. July 30, 31, August 1, 2, 3, and 4, all zeros recorded or blank spaces. A time period of 6 days without a recorded bowel movement. August 9, 10, and 11, all zeros recorded. A time period of 3 days			

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	without a recorded bowel movement. September 28, 29, and 30, all zeros recorded or blank spaces. A time period of 3 days without a recorded bowel movement. The nursing notes lacked any information related to any further interventions having been given or tried during these time periods. During an interview with the RN Consultant on 10/10/13 at 10:15 a.m., additional information was requested related to the bowel monitoring for Resident #45. The facility failed to provide any additional information as of exit on 10/10/13. 3.1-35(g)(2)			

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F000329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.			
	Based on record review and interview, the facility failed to administer sliding scale insulin as ordered by the physician for 1 of 1 resident reviewed for sliding scale insulin administration (Resident #1) and failed to ensure bowel monitoring was completed so interventions to relieve constipation could be given for 1 of 5 residents reviewed for unnecessary medications. (Resident #45)	F000329	F- 03291. (A) RN Consultant immediately re-educated nurses on duty on 10/10/13 and the new DON in facility at time of survey, and completed in-service with all nurses on 10/21/13 on the policy and procedure for the administration of sliding scale insulin as ordered and proper documentation if resident #1 or any resident refuses to take the amount ordered by physician. (B) RN Consultant re-educated all nursing staff on bowel elimination monitoring and interventions. RN Consultant interviewed and did	11/01/2013

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	Findings include: 1. The clinical record record for Resident #1 was reviewed on 10/10/13 at 7:56 a.m. Diagnoses for Resident #1 included, but were not limited to, diabetes, seizures, and schizophrenia. Current physician's orders for Resident #1 included, but were not limited to, the following orders: a. Metformin (an oral diabetic medication) 1,000 milligrams (mg) 1 tablet by mouth twice a day. The original date of this order was 6/4/13. b. Tradjenta (an oral diabetic medication) 5 mg 1 tablet by mouth once a day. The original date of this order was 7/16/13. c. Novolog Mix 70/30 (insulin) inject 10 units subcutaneous every day at 5 p.m. The original date of this order was 9/11/13. d. Novolog Mix 70/30 (insulin) inject 12 units subcutaneous every morning. The original date of this order was 10/2/13. e. Monitor blood sugar results before		complete assessment on resident #45 on bowel eliminations. Resident #45 states that he had bowel movements daily, abdomen was soft and non-distended with positive bowel sounds in all four quadrants.2.) (A) Any resident with sliding scale insulin have the potential to be affected. (B) Any resident have the potential to be affected.3.) RN Consultant immediately re-educated all nursing staff on the importance of following sliding scale insulin orders and proper documentation if resident refuses to take correct amount and bowel elimination protocol and documentation on 10/21/13. (A) Care Plan reviewed and updated on resident #1. Disciplinary actions was taken upon nursing staff involved in errors on insulin coverage. (B) Reviewed all resident's bowel elimination records. Reviewed and updated Care Plan on resident #45. 4.) HFA, DON, or Designee will monitor all residents with sliding scale insulin coverage and bowel elimination records daily x3 months, then weekly x3 months to ensure compliance. The facility QA Committee will review quarterly in the regular scheduled meeting and will make recommendations and corrections as deemed necessary. (See exhibits A & B)5.) Date Completed: 11/01/13	

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	each meal. The original date of this order was 8/15/13. f. Administer Novolog sliding scale insulin according to blood sugar results as listed below, 150 - 200 = 3 units 201 - 250 = 5 units 251 - 300 = 7 units 301 - 400 = 9 units 401 - 450 = 10 units greater than 451 give a total of Novolog 10 units, if sugar still greater than 451 at next blood sugar reading call physician The original date of this order was 10/2/13. A health care plan, dated 5/13/13, indicated Resident #1 had a problem listed as, "the resident has a diagnosis of diabetes mellitus and is at risk for experiencing hypo or hyperglycemia." Interventions for this problem included, but were not limited to, monitor blood sugars as ordered and administer medications as ordered. Review of the August, September, and October 2013 Medication Administration Records (MAR) indicated Resident #1 received the incorrect dose of sliding scale insulin			

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	on the following dates and times: August 21, 2013 at 11:00 a.m., blood sugar result was 513, 9 units of insulin was documented as having been given, the resident should have received 10 units. September 4, 2013 at 11:00 a.m., blood sugar result was 554, 9 units of insulin was documented as having been given, the resident should have received 10 units. September 18, 2013 at 6:00 a.m., blood sugar result was 152, no insulin was documented as having been given, the resident should have received 3 units. September 20, 2013 at 6:00 a.m., blood sugar result was 334, no insulin was documented as having been given, the resident should have received 9 units. September 21, 2013 at 6:00 a.m., blood sugar result was 201, no insulin was documented as having been given , the resident should have received 5 units. September 23, 2013 at 11:00 a.m., blood sugar result was 363, 7 units of insulin was documented as having			

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	been given, the resident should have received 9 units. September 26, 2013 at 11:00 a.m., blood sugar result was 353, 7 units of insulin was documented as having been given, the resident should have received 9 units. October 3, 2013 at 11:00 a.m., blood sugar result was 554, no insulin was documented as having been given, the resident should have received 10 units. October 9, 2013 at 11:00 a.m., blood sugar result was 524, 9 units of insulin was documented as having been given, the resident should have received 10 units. During an interview with the RN Consultant on 10/10/13 at 9:10 a.m., additional information related to the sliding scale insulin documentation was requested. During an interview with the RN Consultant on 10/10/13 at 10:15 a.m., she indicated she had no further information to provide related to the sliding scale insulin documentation. 2. The clinical record record for Resident #45 was reviewed on			

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	10/8/13 at 2:44 p.m. Diagnoses for Resident #45 included, but were not limited to, constipation, depression, and dementia. A health care plan problem, dated 6/12/13, indicated Resident #45 had a potential for constipation. One of the goals for this problem indicated the resident would have a soft formed stool at least every 3 days. Interventions for this problem included, but were not limited to, monitor resident's bowel movements and administer medications as ordered by physician. Current physician's orders for Resident #45 included, but were not limited to, the following orders: a. Miralax (a laxative) 17 Grams (dissolved in 8 ounces of water) by mouth once a day. The original date of this order is 6/12/13. b. Milk of Magnesia (a laxative) 30 milliliters (ml) by mouth once a day as needed for constipation. The original date of this order is 6/12/13. Review of the July, August, and September, 2013 Medication Administration Records (MAR)			

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	indicated Resident #45 did not have a bowel movement for the following time periods: July 17, 18, 19, 20, 21, and 22, all zeros recorded or blank spaces. A time period of 6 days without a recorded bowel movement. July 30, 31, August 1, 2, 3, and 4, all zeros recorded or blank spaces. A time period of 6 days without a recorded bowel movement. August 9, 10, and 11, all zeros recorded. A time period of 3 days without a recorded bowel movement. September 28, 29, and 30, all zeros recorded or blank spaces. A time period of 3 days without a recorded bowel movement. The nursing notes lacked any information related to any further interventions having been given or tried during these time periods. During an interview with the RN Consultant on 10/10/13 at 10:15 a.m., additional information was requested related to the bowel monitoring for Resident #45. The facility failed to provide any			

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NAME OF PROVIDER OR SUPPLIER BROOKSIDE HAVEN HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 505 N GAVIN ST MUNCIE, IN 47303	

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	additional information as of exit on 10/10/13. 3. Review of the current, undated facility policy, titled "BLOOD SUGAR MONITORING," found left on the table on 10/10/13 at 12:03 p.m., included, but was not limited to, the following: "...GENERAL DOCUMENTATION GUIDELINES... ...Date, time, blood glucose level.... ...If insulin is ordered based on a sliding scale document the type and amount of insulin administered and the site of injection...." Review of the current, undated facility policy, titled "BOWEL ELIMINATION PROTOCOL," found left on the table on 10/10/13 at 12:03 p.m., included, but was not limited to, the following: "POLICY: It is the responsibility of the nursing personnel to document, monitor and implement appropriate measures relative to the management of bowel function.... ...Procedure: For non-ostomy patients			

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	1. CNA'S will document resident bowel movements daily... ...5. ...If a resident had no bowel movement by the evening of the third day and the abdominal assessment shows signs/symptoms for intervention, the bowel regimen will be initiated...." 3.1-37(a)			

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F000441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, record review, and interview, the facility failed to	F000441	F - 4411.) RN Consultant reviewed CDC guide-lines with all	11/01/2013

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	ensure the cleaning of glucose meters were performed as indicated for 1 of 1 observations of blood sugar monitoring. (LPN #1, Resident #1) This had the potential to effect 6 of 6 residents living in the building with orders for blood sugar monitoring. (Residents # 1, 15, 16, 19, 25, and 26) Findings include: An observation of LPN #1 cleaning the glucose meter with alcohol wipes was made on 10/9/13 at 10:53 a.m. After obtaining the blood sugar result for Resident #1, LPN #1 returned to the medication cart. LPN #1 opened an alcohol wipe, wiped the glucose meter, and placed the glucose meter in the top drawer of the medication cart. During an interview with LPN #1 and the Director of Nursing on 10/9/13 at 11:04 a.m., they indicated alcohol wipes were used to clean the glucose meters, no other disinfecting wipes were used. During an interview with QMA #2 on 10/9/13 at 11:10 a.m., she indicated disinfecting wipes were to be used to clean the glucose meters before and		nursing staff in facility and staff was immediately re-educated on the Policy and Procedure on proper Glucometer disinfecting after each use to prevent the development and transmission of disease and infection.2.) Any resident receiving blood sugar test have the potential to be affected.3.) Policy and Procedure for proper cleaning of blood sugar monitoring equipment revised per CDC guide-lines. All nursing staff in-serviced and re-educated on 10/21/13. Policy and Procedure will be kept in insulin book used for documentation.4.) HFA, DON, Designee will monitor proper cleaning of the blood sugar monitoring equipment daily x3 months, then weekly x3 months to ensure compliance. The facility QA Committee will review quarterly in their regular scheduled meeting and will make recommendations and corrections as deemed necessary. (See exhibit C)5.) Date Completed: 11/01/13	

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	after each use. During an interview with the RN Consultant on 10/9/13 at 11:43 a.m., she indicated six residents had their blood glucose monitored with the machines in house. This list included Resident # 15, 16, 19, 25, and 26, in addition to Resident # 1. She also indicated the facility was following the manufacturer's recommendations for cleaning the glucose meter with alcohol. She further indicated she was not aware the alcohol wipes were not sufficient for cleaning the glucose meters. Review of the current facility policy, updated 4/8/12, titled "Capillary Blood Sampling," provided by the Administrator on 10/9/13 at 12:49 p.m., included, but was not limited to, the following: "...Miscellaneous... ...6. Clean meter with alcohol after use and let it dry for 2-5 minutes. Use alternate meter while first meter is drying...." 3.1-18(a)			