

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374
---	--

(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	<p>This visit was for the Investigation of Complaint IN00150539.</p> <p>Complaint IN00150539 - Substantiated. Federal/state deficiencies related to the allegations are cited at F282 and F332.</p> <p>Survey dates: June 25, 26, and 27, 2014</p> <p>Facility number: 000135 Provider number: 155230 AIM number: 100266820</p> <p>Survey team: Barbara Gray, RN-TC Angel Tomlinson, RN</p> <p>Census bed type: SNF: 8 SNF/NF: 93 Total: 101</p> <p>Census payor type: Medicare: 31 Medicaid: 47 Other: 23 Total: 101</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC</p>	F000000	<p>This Plan of Correction constitutes the centers Allegation of Compliance. The following Plan of Correction is not an admission to any of the alleged deficiencies and is submitted at the request of the Indiana State Department of Health. Preparation and execution of this response and the Plan of Correction does not constitute an admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.</p>	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374
---	--

(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
F000282 SS=D	<p>16.2-3.1.</p> <p>Quality review completed on July 1, 2014 by Cheryl Fielden, 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 interview and record review, the facility failed to administer medications as ordered by the physician, for 1 of 5 residents reviewed for physician's orders. (Resident #A)</p> <p>Findings include:</p> <p>An interview with Resident #A's spouse on 6/26/14 at 12:32 p.m., indicated there were consistent issues on evening shift with Resident #A's medications not being crushed or not being given. She indicated she was aware the facility had addressed the issues with staff but the problem had not been solved.</p> <p>Resident #A's record was reviewed on</p>	F000282	<p>F282 Services By Qualified Persons/Per Care Plan; It is thepractice of Rosebud Village to ensure that the services are provided byqualified persons per care plan.</p> <p>What corrective action will takeplace for those residents found to be affected by the deficient practice? Resident #A is no longer resident of facility.</p> <p>How other residents having thepotential to be affected by the same deficient practice will be identified and whatcorrective action will be taken? All residents that receive medicationshad the potential to be affected. Directorof Nursing</p>	07/16/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/27/2014
NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374		
(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	
	<p>6/26/14 at 4:45 p.m. Diagnoses included but were not limited to dementia and a history of seizures.</p> <p>Resident #A's admission Minimum Data Set (MDS) Assessment dated 5/13/14, indicated he scored 3 on his Brief Interview for Mental Status (BIMS) exam, indicating he was severely impaired for cognitive daily decision making skills. His diagnoses included dementia and seizure disorder.</p> <p>A physician's order for Resident #A, initiated 5/6/14, indicated he would receive 10 ml (milliliters) of Valproic Acid by mouth every 12 hours for seizures.</p> <p>A physician's order for Resident #A, initiated 5/7/14, indicated he would receive 2 Fiber Select Gummies by mouth daily at bedtime.</p> <p>Resident #A's Medication Administration Record documentation for May 2014, indicated he had not received his 10 ml's of Valproic Acid or his 2 Fiber Select Gummies the evening of May 13th, 14th, 18th, 20th, 22nd, 26th, 27th, 28th, 29th, and 31st.</p> <p>Resident #A's Medication Administration Record documentation for June 2014,</p>		<p>Services will ensure that all licensed nurses and qualified medication aides follow five rights of a medication administration. DNS/Designee completed Medication Administration Record audit to ensure medications are being given per physician order.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur? DNS/Designee provided Licensed Nurses and Qualified Medication Aides in-service on five rights of medication administration and implemented procedure of Medication Administration Record review during shift to shift report to ensure all medications given as ordered by Physician and monthly re-writes will be reviewed with two Licensed Nurses to ensure physician orders are being followed. DNS/Designee will review Medication Administration Record daily to ensure medications administered per physician order.</p> <p>How will the corrective actions be monitored to ensure they do not occur again? A Medication Administration Record CQI monitoring tool will be completed by DNS/designee daily times four weeks and then weekly times 2 months and monthly times 3 to total at least six months. Audit tools will be submitted to the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374
---	--

(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
F000332 SS=D	<p>indicated he had not received his 10 ml's of Valproic Acid or his 2 Fiber Select Gummies the evening of June 11th and 15th.</p> <p>On 6/27/14 at 11:28 a.m., the Director of Nursing indicated she was unable to provide documentation Resident #A received his Valproic Acid liquid or Fiber Select Gummies the evening of the above mentioned dates.</p> <p>This Federal tag relates to complaint IN00150539.</p> <p>3.1-35(g)(2)</p> <p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or</p>		CQI committee and action plans will be developed as needed if the threshold of 95% is not met.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/27/2014	
NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374			
(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			
	<p>greater.</p> <p>Based on observation, interview and record review the facility failed to give two medications as ordered by the physician and failed to administer a medication correctly resulting in an 8.6% medication error rate for 3 of 35 opportunities during medication pass observation (Resident #C).</p> <p>Finding include:</p> <p>During medication pass observation on 6/25/14 at 4:55 p.m., RN #3 prepared medication for Resident #C. RN #3 crushed the resident's potassium chloride extended release (ER) 20 milliequivalent (meq) and put it in applesauce. RN #3 indicated Resident #C request this medication to be crushed because it was a large pill and it was easier for the resident to swallow it. RN #3 also administered lasix 20 milligram (mg) to Resident #C.</p> <p>During medication reconciliation on 6/26/14 at 11:00 a.m., Resident #C's record indicated a physician telephone order was wrote on 6/26/14 (no time) by LPN #4 indicating the resident may have medication crushed and put in applesauce. The record indicated there were no physician order to crush medications prior to 6/26/14. Resident #C's physician recaptulation dated June</p>	F000332	<p>What corrective action will takeplace for those residents found to be affected by the deficient practice?</p> <p>Resident #C was assessedwith no negative findings related to omitted medication and/or from receivingcrushed medications that are not indicated as medications that may be safelycrushed. Resident #C physician notifiedand order received to not crush medication that is not recommended to becrushed and no other orders received.</p> <p>How other residents having thepotential to be affected by the same deficient practice will be identified andwhat corrective action will be taken?</p> <p>All residents that receive medicationshad the potential to be affected regarding omitted medications as well as allresidents receiving crushed medications had the potential to be affected. Director of Nursing Services will ensure thatall licensed nurses and qualified medication aides follow five rights of amedication administration and ensure crushed medications are per recommendedguidelines and physician order.</p>	07/16/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/27/2014	
NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374			
(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			
	<p>2014 indicated the resident was ordered magox 400 mg at 5:00 p.m., this medication was not given during the medication pass observation on 6/25/14 at 5:00 p.m., and lasix 20 mg was ordered for 9:00 p.m.</p> <p>During medication pass observation on 6/26/14 at 11:30 a.m., LPN #4 prepared Resident #C's medication and did not crush the resident's medication. When queried why Resident #C's medications were not crushed, LPN #4 indicated the order to crush medications said "may crush" so all her medications did not need to be crushed. LPN #4 indicated the physician's order was mainly for the resident's potassium pill because it was too big to swallow whole and the resident did not have problems swallowing the little pills.</p> <p>Interview and observation with RN #3 on 6/26/14 at 2:50 a.m., indicated the Medication Administration Record (MAR) for Resident #C's lasix had 4:00 p.m. wrote in ink over the 9:00 p.m. RN #3 indicated that is why she administered the lasix at 4:55 p.m. on 6/25/14. RN #3 also got Resident #C's medication card for the potassium chloride ER and indicated the medication card did not indicate this medication could not be crushed and she did not know the</p>		<p>DNS/Designee completed audit to ensure that residents who receive crushed medications have a physician order to crush medications and those medications being crushed are per recommended guidelines.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur?</p> <p>DNS/Designee provided Licensed Nurses and Qualified Medication Aides in-service on five rights of medication administration and implemented procedure of Medication Administration Record review during shift to shift report to ensure all medications given as ordered by Physician and per recommended guidelines regarding crushed medications and monthly re-writes will be reviewed with two Licensed Nurses to ensure physician orders are being followed. The facility do not crush policy along with list of medications that should not be crushed was placed in front of Medication Administration Record.</p> <p>DNS/Designee completed audit to ensure that residents who receive crushed medications have a physician order to crush medications and those medications being crushed are per recommended guidelines. DNS/Designee will review Medication Administration Record daily to ensure</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/27/2014	
NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374			
(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			
	<p>medication was not suppose to be crushed. RN #3 indicated she must have missed giving the magox 400 mg to Resident #C because she had not sign it off on the MAR.</p> <p>Interview with LPN #4 on 6/26/14 at 3:00 p.m., indicated she wrote physician telephone orders on 6/26/14 for all residents who needed their medications crushed. LPN #4 indicated she was told in report by the third shift nurse that all residents who required their medications crushed needed an physician order wrote is why she had wrote them.</p> <p>Review of the record of Resident #C on 6/26/14 at 5:00 p.m., indicated the resident's diagnoses included, but were not limited to, arthritis, Gastroesophageal reflux disease (Gerd), headaches, depression, nausea and anxiety.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated 6/9/14 indicated the resident's Brief Interview for Mental Status (BIMS) score was 14, cognitively intact.</p> <p>Interview with Resident #C on 6/26/14 at:5:15 p.m., indicated some nurses crush her medications and some nurses do not. Resident #C indicated she had a hard time swallowing her potassium pill</p>		<p>medicationsadministered per physician order and crushed medications are per recommendedguidelines.</p> <p>How will the correctiveactions be monitored to ensure they do not occur again?</p> <p>A MedicationAdministration Record CQI monitoring tool will be completed by DNS/designee dailytimes four weeks and then weekly times 2 months and monthly times 3 to total atleast six months.</p> <p>Audit tools will besubmitted to the CQI committee and action plans will be developed as needed ifthe threshold of 95% is not met.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/27/2014	
NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374			
(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			
	<p>unless it was crushed. Resident #C indicated the nurses had been crushing her potassium pill.</p> <p>Interview with the DON on 6/27/14 at 2:45 p.m., indicated the pharmacy did not have a system to alert staff of medications that were not to be crushed. The DON indicated she talked with the pharmacy and they indicated the facility nurses needed to knowledgeable about these medications. The DON indicated she was going to laminate the do not crush policy with a list of medications that could not be crushed and place in front of the MAR for a quick reference for the nurses.</p> <p>The "Nursing 2014 DRUG HANDBOOK" 34th edition indicated do not crush potassium chloride sustained release form.</p> <p>The medication policy provided by the Director Of Nursing (DON) on 6/27/14 at 11:19 a.m., indicated extended release products should not be crushed. The formulation of some tablets is specialized to allow the medication within to slowly release into the body.</p> <p>This federal tag relates to complaint IN00150539.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/27/2014
NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374		
(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	
	3.1-48(c)(1)				