

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 01/31/2013
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NAME OF PROVIDER OR SUPPLIER WOODVIEW AL LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3320 E STATE BLVD FORT WAYNE, IN 46805
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R0000	<p>This visit was for Investigation of Complaints IN 00122459 and IN 00122565.</p> <p>Complaint IN 00122459 was Substantiated with State deficiencies related to the allegations cited at R0036, R0091, R0214, and R0241.</p> <p>Complaint IN 00122565 was Substantiated with State deficiencies related to the allegations cited at R0036, R0091, and R0214.</p> <p>Survey dates: January 28, 29, 30 and 31, 2013.</p> <p>Facility number: 012107 Provider number: 012107 AIM number: NA</p> <p>Survey team: Christine Fodrea, RN, TC Ann Army, RN</p> <p>Census bed type: Residential: 86 Total: 86</p> <p>Census payor type: Other: 86 Total: 86</p>	R0000		

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>Sample: 30</p> <p>These State findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 5, 2013 by Randy Fry RN.</p>			
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R0036	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on interview and record review the facility failed to notify the family of a fall for 1 of 5 residents reviewed for family notification in a sample of 30. (Resident #S)</p> <p>Findings include:</p> <p>Resident #S record was reviewed 1-29-2013 at 1:03 PM. Resident #S's diagnoses included but were not limited to osteoarthritis, dizziness, and osteoporosis.</p> <p>Nurse's notes dated 1-19-2013 at 10 PM indicated Resident #S had fallen and sustained an abrasion to her elbow and on her left shoulder. No other injury was noted in the record. The record did not indicate the family or physician had been notified.</p> <p>In an interview on 1-29-2013 at 11:04</p>	R0036	<p>Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice. The Power of Attorney and physician of Resident #S were notified and updated of Resident #S fall. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice. All falls that occurred during the prior three months have been reviewed for proper notification to the Power of Attorney and physician. No deficient practices have been identified. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur. The Director of Nursing will review each fall for proper notification daily. In-servicing was provided to all nursing staff on February 13, 2013 reviewing the notification process for incidents. Identify how the facility will monitor its corrective action to</p>	02/15/2013			

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	<p>AM, Resident #S's responsible party indicated she had not received a phone call to inform her Resident #S had fallen or sustained an injury.</p> <p>In an interview on 1-29-2013 at 2:42 PM, the Director of Nursing indicated the family should have been notified and it should have been documented on the investigative note.</p> <p>The Director of Nursing was not able to provide the surveyors with the investigative note.</p> <p>An undated policy titled Fall/ accident prevention program provided by the Administrator on 1-28-2013 at 10:45 AM indicated under number 5...notification will be made to the family/ responsible party and physician. Such notification will be documented in the nurse's note.</p> <p>This State tag relates to Complaints IN 00122459 and IN 00122565.</p> <p>16.2-5-1.2(k)(1-2)</p>		<p>ensure the deficient practice is being corrected and not recur. A log will be kept of all incidents. The Director of Nursing will provide quality assurance by reviewing each incident for notification of the incident. Any deviation from the policy will be reviewed on an individual basis with the employee identified. This measure is a permanent addition to the Director of Nursing monthly reviews. State the completed date that the facility identifies compliance can be achieved. The facility will have compliance by February 15, 2013.</p>		

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R0091	<p>410 IAC 16.2-5-1.3(h)(1-4) Administration and Management - Noncompliance (h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following: (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations. The policies shall be made available to residents upon request.</p> <p>Based on interview and record review the facility failed to implement the policy for fall and accident prevention for 1 of 5 residents reviewed for fall and accident prevention in a sample of 30. (Resident #S)</p> <p>Findings include:</p> <p>Resident #S record was reviewed 1-29-2013 at 1:03 PM. Resident #S's diagnoses included but were not limited to osteoarthritis, dizziness, and osteoporosis.</p> <p>Nurse's notes dated 1-19-2013 at 10 PM indicated Resident #S had fallen and sustained an abrasion to her elbow and on her left shoulder. No other injury was noted in the record. The record did not indicate the family or physician had been notified.</p>	R0091	<p>Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice. The investigative report was completed for Resident #S. The Power of Attorney and physician of Resident #S were notified and updated of Resident #S fall. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice. All charts were reviewed for falls for the prior three months. Each fall was paired with a completed investigative report. All falls that occurred during the prior three months have been reviewed for proper notification to the Power of Attorney and physician. No deficient practices have been identified. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur. The Director of Nursing will review each fall for proper</p>	02/15/2013			

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	<p>In an interview on 1-29-2013 at 11:04 AM, Resident #S's responsible party indicated she had not received a phone call to inform her Resident #S had fallen or sustained an injury.</p> <p>In an interview on 1-29-2013 at 2:42 PM, the Director of Nursing indicated the family should have been notified and it should have been documented on the investigative note. The Director of Nursing additionally indicated the fall log/ care plan should have been updated with interventions.</p> <p>The Director of Nursing was not able to provide the surveyors with the investigative note.</p> <p>A review of Resident #S' fall log/ care plan indicated Resident #S had fallen on 1-7-2013, but there was no notation of a fall occurring 1-19-2013.</p> <p>An undated policy titled Fall/ accident prevention program provided by the Administrator on 1-28-2013 at 10:45 AM indicated under number 5...notification will be made to the family/ responsible party and physician. Such notification will be documented in the nurse's note, and under number 6, an investigative report will be completed and the fall documented on the individual fall log/</p>		<p>notification daily. In-servicing was provided to all nursing staff on February 13, 2013 reviewing the notification process for incidents. This measure is a permanent addition to the Director of Nursing reviews. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and not recur. A log will be kept of all incidents. The Director of Nursing will provide quality assurance by reviewing each incident for notification to the POA and physician, and review the fall care plan for updated interventions. Any deficiencies will be assessed on an individual basis with the employee identified. In-servicing was provided to all nursing staff on February 13, 2013. State the completed date that the facility identifies compliance can be achieved. The facility will have compliance by February 15, 2013.</p>				

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	<p>care plan.</p> <p>This State tag relates to Complaints IN 00122459 and IN 00122565.</p> <p>16.2-5-1.3(h)(1-4)</p>						

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R0214	<p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on interview and record review the facility failed to complete semi annual assessment and self medication assessment in a timely manner for 1 of 10 residents reviewed for self medication assessment in a sample of 30. (Resident #J)</p> <p>Findings include:</p> <p>Resident #J's record was reviewed 1-29-2013 at 9:55 AM. Resident #J's diagnoses included but were not limited to: high blood pressure, macular degeneration and cataracts.</p> <p>In an interview on 1-29-2013 at 10:13 AM, LPN #1 indicated Resident #J gave her own medication and had been assessed as safe to do so.</p> <p>A review of Resident #J's record revealed a semi annual assessment had been completed on 6-25-2012 and a self- medication assessment</p>	R0214	<p>Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice. A functional assessment, self-medication assessment, and elopement risk assessment was completed on 1/30/13 during the survey process. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice. A review of all resident's charts was conducted determining the date of the last assessment, and due date of next assessment. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur. The information gathered from review of the resident's charts was placed into a spreadsheet format with emphasis on the month the assessment is due. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and not recur. The</p>	02/15/2013			

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	<p>completed as well. There was no other assessment documented in the record.</p> <p>In an interview on 1-29-2013 at 2:45 PM, the Director of Nursing indicated she could see no current semi annual assessment or self medication assessment in the record, but she would look to see if it had been misplaced.</p> <p>In an interview on 1-30-2013 at 11:58 AM, the Director of Nursing indicated the assessment should have been completed, but had slipped through the cracks and was being completed that day.</p> <p>An undated policy titled Individual Needs Resident Service Plan provided by the Administrator on 1-30-2013 at 2:10 PM indicated the service plan would be reviewed and revised at least semi-annually and updated accordingly to reflect scope and type of services to be provided.</p> <p>This State tag relates to Complaints IN 00122459 and IN 00122565.</p> <p>16.2-5-2(a)</p>		<p>Director of Nursing will keep the spreadsheet updated, and highlight as the assessment is completed for the month. . . In-servicing was provided on February 13, 2012 for nursing employees. This measure is a permanent addition to the Director of Nursing monthly reviews. State the completed date that the facility identifies compliance can be achieved. The facility will have compliance by February 15, 2013.</p>				

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R0241	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on observation, interviews and record review, the facility failed to follow physician orders. This deficiency affected 1 of 10 residents, whose physician orders were reviewed, in a sample of 30. (Resident #CC)</p> <p>Findings include:</p> <p>On 1/28/13 at 10:00 a.m., LPN#1 indicated Resident #CC was currently in the hospital.</p> <p>The clinical record of Resident #CC was reviewed on 1/28/13 at 10:30 a.m. and indicated the resident was admitted to the facility on 2/14/12, with diagnoses which included but were not limited to, dementia and depression.</p>	R0241	<p>Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice. The order was clarified with the physician for Resident #CC. The Lexapro was discontinued per physician order, and the continuation of Celexa was ordered. This was completed during the survey process. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur. All new physician orders must be reviewed from shift to shift. The oncoming shift must identify the order was transcribed at the time of shift report. The oncoming nurse will initial the order as complete after the transcription in the Medication and/or treatment Administration Record is validated. Identify how the facility will monitor its corrective action to ensure the</p>	02/15/2013			

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	<p>Physician progress notes, dated 1/17/13, indicated "Still struggling with some depression. c/o (complains of) frequent HA (Headaches)..."</p> <p>Physician orders, dated 1/17/13, indicated Lexapro 20 mg was to be administered every day for depression.</p> <p>Nursing notes, dated 1/17/13 (no time listed), indicated the new order for the Lexapro was noted, faxed to the pharmacy and placed in the chart.</p> <p>A Transfer Form, dated 1/27/13, indicated the resident was transferred to the hospital with complaints of chest pain.</p> <p>There was no documentation the order for the Lexapro was transcribed to the January 2013 MAR (Medication Administration Record).</p> <p>There was no documentation Resident #CC received the Lexapro</p>		<p>deficient practice is being corrected and not recur. The Director of Nursing will review five new orders weekly to ensure proper documentation. Results will be documented on a spreadsheet for quality assurance purposes. Any inconsistencies will be dealt with on an individual basis with the offending employee. In-servicing was provided on February 13, 2012 for nursing employees. This practice will continue weekly continuously for six months. If no deficient practice is identified after the six months, then random order checks will occur. State the completed date that the facility identifies compliance can be achieved. The facility will have compliance by February 15, 2013.</p>				

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	<p>during the ten days before his transfer to the hospital (1/17/13-1/27/13).</p> <p>On 1/28/13 at 11:15 a.m., accompanied by LPN #1, Resident #CC's medications were observed in the medication cart. Lexapro was not observed with Resident #CC's medications.</p> <p>On 1/28/13 at 11:30 a.m., LPN #1 indicated a "new nurse" received the order for Lexapro but did not note the order on the MAR (Medication Administration Record). LPN #1 indicated the resident did not receive the medication and the other nurses were not aware the Lexapro had been ordered.</p> <p>A Medication Event Report, dated 1/29/13, indicated "Received new order for Lexapro Nurse did not transcribe to MAR"</p> <p>On 1/31/13 at 10:00 a.m., the DON (Director of Nursing) indicated a</p>			
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	<p>Medication Event Report was completed, and the physician/family were notified.</p> <p>The current policy for Medication Administration, provided by the DON, was reviewed on 1/31/13 at 11:20 a.m., and indicated "...Medication will be dispensed per physician's orders.... -Physician's Order will be transcribed to the Resident's Medication Administration Record..."</p> <p>This State Residential Rule relates to Complaint IN00122459.</p> <p>16.2-5-4(e)(1)</p>				