

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 08/13/2013	
NAME OF PROVIDER OR SUPPLIER HARBOUR ASSISTED LIVING OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP CODE 3110 E COLISEUM BLVD FORT WAYNE, IN 46805			
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dated: August 12, 13, 2013</p> <p>Facility number: 010235</p> <p>Survey team: Tim Long, RN_TC Diane Nilson, RN Rick Blain, RN</p> <p>Census bed type: Residential: 62</p> <p>Census Payor type: Private: 62</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on August 14, 2013 by Randy Fry RN.</p>	R000000	The following Plan of Correction is prepared and submitted by Harbour at Fort Wayne as mandated by the Indiana State Department of Health. However, this response does not constitute agreement with the allegations or citations specified on the Statement of Deficiencies. Harbour at Fort Wayne maintains that the alleged deficiencies do not individually or collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by applicable regulations.				

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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R000121	<p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p>						

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	<p>Based on record review and interview the facility failed to ensure 1 of 5 employees (employee #3) reviewed for employment screening, received a Mantoux skin test for tuberculosis in a timely manner before starting employment.</p> <p>Findings include:</p> <p>Review of employee records on 8/12 13 at 2:00 P.M. indicated Employee #3 was hired on 7/9/13. There was no documentation the employee received a Mantoux skin test for tuberculosis before starting employment.</p> <p>An interview with the assisted living director on 8/12/13 at 2:30 P.M. indicated no record was located to verify Employee #3 received a Mantoux skin test for tuberculosis before beginning employment on 7/6/13.</p>	R000121	<p>R121 Employee #3 was given a Mantoux on 8/12/13. All employee files have been audited and all files are in compliance. New employees shall receive TB testing as part of the hiring process and will not be allowed to work if testing is not documented. The Business Office Manager is responsible for ongoing compliance and will maintain a new hire checklist which includes the pre-employment TB testing documentation. New hire files will be audited monthly by the ED and any findings will be reported to the QA committee for further followup.</p>	08/31/2013			

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R000217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record reviews and interviews, the facility failed to ensure Individualized Service Plans were signed and dated for 2 of 7 residents reviewed for service plans, Residents #29 and #60.</p>	R000217	<p>R217 Residents #29 and #60 have a current signed Service Plan on the chart. All current resident files have been audited and assessments and service plans have been sent out for signatures. The ALD has established a tickler file to ensure that ISP's are</p>	08/31/2013			

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	<p>Findings include:</p> <p>1. The record for Resident #29 was reviewed at 2:00 p.m., on 8/12/13, and indicated the resident was admitted on 1/7/13. An Individualized Service Plan was completed on 1/18/13, but had not been signed or dated by the resident and/or the resident's family member.</p> <p>2. The record for Resident #60 was reviewed on 8/12/13 at 10:00 A.M.</p> <p>The record indicated a "move in date" listed on the "Resident Information Sheet" as 6/14/2013. There was no service plan in the resident's record.</p> <p>An "Individulaized Service Plan" for Resident #60, with a date of 6/28/2013, was provided by the facility's Executive Director (ED) on 8/12/2013 at 11:00 A.M. The service plan had not been signed by the resident or the resident's representative.</p> <p>The ED was interviewed on 8/12/2013 at 11:10 A.M. During the interview, the ED indicated some service plans for residents recently admitted to the facility had not yet been placed in the clinical records</p>		<p>signed and placed on the medical record in a timely manner. The ED or designee will audit the records monthly for the first four weeks and then quarterly to ensure ongoing compliance. The ED will evaluate the audits and develop an action plan if necessary. Findings will be reported to the QA committee for further followup.</p>				

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	<p>and they were on her computer.</p> <p>A facility policy entitled "Admission & Retention Criteria", dated 12/14/2011, was provided by the ED on 8/12/2013 at 11:00 A.M. The policy indicated "Residents will be assessed in person...prior to admission within 30 days...." The policy further indicated "The Service Plan will be completed at the time of the assessment...."</p>			

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R000246	<p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.</p> <p>Based on record review and interview the facility failed to ensure 1 of 7 residents(resident #63) reviewed for as needed medication (PRN) use received authorization by a licensed nurse or physician before administration by a qualified medication aide (QMA).</p> <p>Findings include:</p> <p>Resident #63's clinical record was reviewed on 8/12/13 at 10:15 A.M.. The record indicated the resident had a physician's order from 7/29/13 to increase Roxinal (a pain medication) to 15 milligrams/0.75 milliliters sublingual every 2 hours PRN for pain.</p> <p>Review of the resident's medication administration record (MAR) for July 2013 indicated the resident received Roxinal 0.75 mg PRN once on</p>	R000246	<p>Nurses and QMA's were inserviced on 8/13/13 regarding nurse authorization and QMA documentation of administration of PRN medications. No other residents were affected. Nurses and QMA's have received training regarding proper documentation. The ALD is responsible for ongoing compliance .Nurse authorization for PRN medication will be trained at new hire orientation and annually thereafter. Audits of the MAR and TAR will be conducted weekly for the first 4 weeks and monthly thereafter by the Assisted Living Director or her designee. ED will be responsible to audit MAR and TAR monthly for the first 2 months and then quarterly thereafter. Audit findings will be presented to the QA committee for followup.</p>	08/31/2013			

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	<p>7/30/13 and on seven occasions on 7/31/13 administered by a QMA. Review of the resident #63's MAR and progress notes for 7/30/13 and 7/31/13 indicated no authorization was documented as obtained before administration of the Roxinal.</p> <p>An interview with the Assisted Living Director (ALD) on 8/13/13 at 8:55 A.M. indicated no documentation of QMA's administering PRN medication to resident #63 on 7/30/13 and 7/31/13 were located.</p> <p>Review of a policy received from the ALD on 8/13/13 at 9:00 A.M., titled Operations-Administration, dated 1/2008 did not indicate any mention of administration of PRN medications.</p>						

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R000408	<p>410 IAC 16.2-5-12(c) Infection Control - Noncompliance (c) Each resident shall have a diagnostic chest x-ray completed no more than six (6) months prior to admission. Based on record reviews and interviews, the facility failed to ensure diagnostic chest x-rays were completed prior to admission, for 3 of 7 residents reviewed, (Residents #2, #29, and #60).</p> <p>Findings include:</p> <p>1. The record for Resident #29 was reviewed at 2:00 p.m., on 8/12/13, and indicated the resident was admitted to the facility on 1/7/2013. There was no documentation in the record to indicate an admission chest x-ray had been completed.</p> <p>The Director of Nursing Services was interviewed, at 8:45 a.m., on 8/13/13, and indicated she could find no documentation that an admission chest x-ray was completed.</p> <p>2. Resident #2's clinical record was reviewed on 8/12/13 at 10:30 A.M.. The record indicated the resident was admitted to the facility on 12/12/12..</p> <p>There was no documentation in Resident #2's record to indicate he received a chest x-ray prior to</p>	R000408	<p>R408 Residents #2, 29 and 60 have chest xrays on file. All resident files have been audited and no other residents were affected. All staff(nursing and admissions) involved in the pre admission process have been in-serviced as to obtaining documentation of diagnostic chest xray completed no more than 6 months prior to admission. The Assisted Living Director will audit all new move in files to ensure documentation is present. ED will be responsible to audit for ongoing compliance monthly. Findings of new resident move in audits will be presented to QA committee for further followup as indicated.</p>	08/31/2013			

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	<p>admission.</p> <p>An interview with the Assisted Living Director on 8/12/13 indicated no chest x-ray was located in the resident's record.</p> <p>3. The record for Resident #60 was reviewed on 8/12/2013 at 10:00 A.M.</p> <p>The record for Resident #60 indicated a "move in date" listed on the "Resident Information Sheet" as 6/14/2013.</p> <p>There was no documentation in Resident #60's record to indicate a chest x-ray had been obtained prior to the resident's admission to the facility.</p> <p>The facility's Executive Director (ED) was interviewed on 8/12/2013 at 3:15 P.M. During the interview, the ED indicated the facility did not have a policy specific to admission chest x-rays for residents. The ED indicated the facility followed State policies regarding chest x-rays for residents.</p> <p>The facility's Assisted Living Director (ALD) was interviewed on 8/13/2013. During the interview, the ALD indicated residents were to have chest x-rays completed prior to admission to the facility. The ALD</p>						

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	further indicated a chest x-ray had not been completed for Resident #60 prior to admission to the facility.				

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R000409	<p>410 IAC 16.2-5-12(d) Infection Control - Noncompliance (d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter.</p> <p>Based on record review and interview, the facility failed to ensure a health assessment was completed prior to admission for 1 of 7 residents reviewed for admission health assessments (Resident #57).</p> <p>Findings include:</p> <p>The record for Resident #57 was reviewed on 8/12/2013 at 1:15 P.M.</p> <p>The record for Resident #57 indicated a "move in date" listed on the "Resident Information Sheet" as 7/20/2013.</p> <p>A "Physical Exam" form for Resident #57 was signed by the resident's physician on 7/22/2013. A note on the form, written by the physician, indicated "Please ask house physician to do current exam." There was no documentation on the form to indicate a physical exam had been completed. There was also no documentation on the form indicating</p>	R000409	<p>R409 Resident #57 has a health assessment on his record dated 8/20/13 All resident files have been audited and no other residents were affected. All staff (nursing and admissions) involved in the pre admission process have been inserviced as to obtaining documentation of a health assessment performed no more than 30 days prior to admission. The Assisted Living Director is responsible for compliance and will audit new files to ensure documentation is present. The ED will be responsible to audit for ongoing compliance monthly. Findings of new resident move in file audits will be presented to QA committee for further follow up as indicated.</p>	08/31/2013			

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	<p>the resident's history of significant past or present infectious diseases, or a statement that the resident showed no evidence of tuberculosis in an infectious stage.</p> <p>The facility's Assisted Living Director (ALD) was interviewed on 8/12/2013 at 1:45 P.M. During the interview, the ALD indicated Resident #57 had not yet been seen by the facility's house physician or nurse practitioner for an exam.</p> <p>A facility policy entitled "Admission & Retention Criteria", dated 12/14/2011, was provided by the ED on 8/12/2013 at 11:00 A.M. The policy indicated "Residents must be examined by a Physician, Nurse Practitioner, or Physician Asssistant within 30 days prior to the date of admission." The policy further indicated "The results of this examination will include...that the resident is free of communicable disease."</p>						