

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155149	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/05/2014
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NAME OF PROVIDER OR SUPPLIER  HARCOURT TERRACE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260
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F000000	<p>This visit was for the Investigation of Complaints IN00149537, IN00148643, and IN00148136.</p> <p>Complaint IN00149537- Substantiated. Federal deficiencies related to the allegations are cited at F 309, F 328 and F 329.</p> <p>Complaint IN00148136- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00148643-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates : June 2, 3, 4, and 5, 2014</p> <p>Facility number: 000070 Provider number : 155149 AIM number : 100266190</p> <p>Survey team : Michelle Hosteter, RN</p> <p>Census bed type: SNF: 9 SNF/NF: 91 Total : 100</p> <p>Census payor type: Medicare :10</p>	F000000	<p>Harcourt Terrace Nursing and Rehabilitation submits this response and Plan of Correction (POC) as part of the requirements under state and federal law. The POC is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this POC with the intention that it is inadmissible by any third party in any civil or criminal action proceedings against the provider or its employee, agents, officers, or directors. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. Any changes to provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and should be inadmissible in any proceeding on that basis. This provider respectfully requests a face to face Informal Dispute Resolution (IDR) for tags F223, F225, F226 and F309.</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.

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F000309 SS=G	<p>Medicaid : 74 Other 16 Total : 100</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on June 11, 2014.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to assess a resident with a prior history of wounds after a significant change in condition which resulted in the hospitalization and amputation below the knee for 1 of 3 resident's reviewed for non pressure wounds in a sample of 9. (Resident B)</p> <p>Findings include:</p> <p>The record review for Resident B was completed on 6/2/14 at 2:00 P.M. Diagnoses included, but were not limited to, diabetes, peripheral vascular disease,</p>	F000309	<p>Provider request IDR for scope and severity. The facility will make every reasonable effort to ensure each resident receive and is provided the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care.</p> <p>CORRECTIVE ACTION: Resident B has been discharged from this facility.</p> <p>IDENTIFICATION OF OTHER RESIDENTS AT RISK: All</p>	07/05/2014

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	<p>ischemic heart disease, and acute respiratory failure resulting in tracheotomy.</p> <p>The resident had a physician's order dated 3/25/14 to discontinue unna boots to bilateral (both sides) lower extremities (BLE), to wash BLE with soap and water and apply calmoseptine and wrap with Kerlix. Cleanse BLE with sterile water , apply silver alginate, apply ABD pads and wrap with Kerlix, change daily and as needed due to soiling or dislodgement. An order dated 3/28/14 indicated physical therapy would do wound treatment and four layer compression weekly on Tuesdays and Fridays.</p> <p>The physical therapy documentation indicated:</p> <p>3/25/14-"... Wound evaluation to BLE venous stasis ulcers. Wound debridement [cleaning of dead skin] provided to improve tissue growth and dressings changed as per ordered. 4 layer compression applied to BLE to decrease edema [swelling] and improve skin integrity. Patient and nursing staff were given instructions/education on wound goals/status and plan of care. The patient exhibits venous stasis ulcers to Bilateral lower legs with severe edema/hyperpigmentation [skin very dark</p>		<p>residents with stasis ulcers have the potential to be affected by this alleged deficient practice. All residents with stasis ulcers were audited on June 13, 2014 to ensure all appropriate assessment and documentation is in place by DNS.</p> <p>MEASURE/SYSTEMATIC CHANGES: DNS/Designee educated all licensed nurses on June 17, 2014 regarding proper documentation of skin assessment as well as notification to MD with any changes in skin integrity. Residents will have a skin assessment completed upon admission and at a minimum of weekly to identify any new skin issues by the licensed nurse. Residents with identified skin issues will be tracked weekly by the facility assigned wound nurse to ensure physician orders are followed and documented accordingly. Any wounds being treated by therapy department will be tracked by facility assigned wound nurse.</p> <p>MONITOR: To ensure compliance, the DNS/Designee is responsible for the completion of the Skin Management Program CQI audit tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive</p>	

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	<p>in color] and maceration [breakdown of skin due to moisture]. 1. Right big toe 1.3 x 2.1 with 80% slough with mild serosanguinous drainage. 2. Right shin 4.7 x 5.4 with 90% red 10% pink with moderate serous drainage...."</p> <p>3/28/14- a note indicated the resident tolerated and completed active wound treatment to BLE wounds as per ordered. No pain. Applied compression wraps-4 layer to BLE to decrease edema. Patient/nursing staff education provided.</p> <p>4/1/14- a note indicated the BLE dressing were changed with Xeroform and 4-layer compression wraps. Indicated the patient exhibited venous stasis ulcers to BLE that show improvement with current treatment. Measurements were not taken during this treatment period.</p> <p>4/4/14- Completed and tolerated active wound treatment to BLE wounds as per ordered. BLE showed decreased edema, decreased maceration, wound beds are red. No complaints of pain. Applied compression wraps #1, 2, and #4 to BIL lower legs to decrease edema and improve skin integrity. Patient/nursing staff education was provided.</p> <p>4/8/14-The patient exhibited venous stasis ulcers x multiple small areas to</p>		<p>quarters. The CQI committee overseen by the ED will review the results of these audits. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>	

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	<p>both lower legs characterized by 100% red, no maceration, minimal non pitting edema, superficial and minimal serous drainage.</p> <p>4/11/14- No documentation regarding wounds was found.</p> <p>4/15/14- BLE edema dressing change.</p> <p>4/18/14- Changed resident's bilateral LE dressings and caregiver education on dressing changes and identifying changes during resident's LOA (leave of absence).</p> <p>4/22/14- no documentation regarding dressing change. The patient exhibited lesser venous ulcers to Right lower leg which are 100% red, no maceration, slight non-pitting edema with zero drainage.</p> <p>4/30/14-"BLE edema dressing changes today...."</p> <p>The progress notes from nursing was reviewed from March through May and there was no documentation of the venous stasis ulcers.</p> <p>The weekly skin checks from nursing were reviewed from March through May and they only indicated some edema to bilateral lower extremities, there was no</p>			

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	<p>documentation regarding stasis ulcers or any redness to the lower extremities.</p> <p>In an interview with the Director of Nursing Services (DNS) on 6/3/14 at she indicated they were not tracking the bilateral lower extremity wounds and that therapy had the only documentation of the wounds on the legs.</p> <p>On 5/3/14 at 3:15 P.M., the progress notes indicated , "... became lethargic to name,. Temperature 102.6, pulse 89, respirations 18-24, blood pressure 134/67, pulse oxygen level 96%, and blood sugar 181. The physician was notified and orders obtained for immediate labs, chest-X-ray and intravenous (IV) fluids. Also gave Tylenol for fever.</p> <p>8:30 P.M. the resident was more alert and talking, but still not at normal baseline. Temperature remains elevated at 101.8 Tylenol for fever repeated.</p> <p>11:20 P.M. Scab on back of neck healing no signs or symptoms of infection. Buttock wound continues to improve. Bilateral feet dressings changed small amount of serous drainage on both areas. No complaints of pain with dressing changes...."</p> <p>5/4/14- 3:10 A.M. "...Resident had a left arm midline catheter placed and IV fluids</p>			

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	<p>started at 125 milliliter/hour. Patient was alert and up in chair Resident given Rocephin [antibiotic]1 gram intramuscularly. Resident has no complaints of pain or discomfort. Temperature 98.9 will continue to monitor. Dressing change done to left and right 2nd toes . no complaints of pain or discomfort, no signs or symptoms of infection noted.</p> <p>2:06 P.M.- New orders for immediate blood cultures, a urinary and sputum (spit) culture. IV Vancomycin [antibiotic] 1 gram twice daily and Aztreoman [antibiotic]2 grams three times daily. Treat fever over 100.5, vitals every 30 minutes or as needed if resident had low blood pressure</p> <p>2:28 P.M.- wife notified of new orders.</p> <p>8:39 P.M.- vitals were monitored temperature remained high but stable, heart rate equally high but stable. The oxygen, respiratory rate and blood pressure remained within normal limits.</p> <p>9:42 P.M. DNS notified regarding increased temperature.</p> <p>9:45 P.M. Patient was assessed all evening for vital signs. Temperature remained increased after Tylenol was given. Patient seemed alert but having trouble with communication during the shift related to falling asleep in the middle of tasks or questions. Patient dressing changes were completed during</p>			

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	<p>this shift. Patient having trouble staying awake or following instructions.</p> <p>5/5/14- 2:46 A.M.- resident condition changed, resident was lethargic, was on IV Aztreoman 2 grams TID, vitals were abnormal, notified physician, called spouse and left a voice message, notified, DNS- left voice message. Resident was sent to hospital via ambulance...."</p> <p>The hospital records dated 5/5/14 indicated the resident's admitting diagnosis was Sepsis, low blood pressure, cellulitis, and heart attack.</p> <p>A doctor indicated on his hospital consultation note dated 5/5/14 2:12 P.M., "...Reason for consultation : Right leg infection...Upon further investigation, he apparently has a white count of 30,000. He has an INR of 5.6 at the time and he was on Coumadin for atrial fibrillation. His right leg appears to be grossly infected with cellulitis that has gone beyond the knee joint into his right thigh area. he has bilateral lower extremity ulcerations, most likely related to venous disease...."</p> <p>A Nurse Practitioner indicated in her hospital consultation note dated 5/5/14 9:50 P.M., "...there was cellulitis that was</p>			

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	<p>extending up to distal foot and toes...."</p> <p>The surgery report dated 5/8/14 indicated, "...Diagnosis:Right leg above the knee amputation...the great toe skin gives rise to a 1.7 cm x 1.5 lesion surfaced by a soft, tan-brown eschar...."</p> <p>The record between 5/3/14 and 5/5/14 had no indication the compression wraps were removed and the bilateral extremities were assessed as the resident was declining with lethargy, high temp and unstable vital signs. The last skin assessment performed was on 5/2/14 by the nursing staff.</p> <p>On 6/5/14 at 2:00 P.M., the Director of Nursing indicated the weekly skin sheets dated 5/2/14 and the notes that physical therapy provided were the only documentation she had to provide regarding Resident B's legs.</p> <p>This Federal tag relates to the Investigation of complaint IN00149537.</p> <p>3.1-37(a)</p>			

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F000328 SS=D	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on record review and interview, the facility failed to assess a resident who had a tracheotomy and was receiving nebulizer treatments, for 1 of 2 residents reviewed for respiratory treatments in a sample of 9. (Resident D)</p> <p>Findings include:</p> <p>On 6/4/14 at 2:00 P.M., the record review for Resident D was completed. Diagnoses included, but were not limited to, seizure disorder, respiratory failure, congestive heart failure and chronic obstructive pulmonary disease.</p> <p>The resident returned from the hospital 3/1/14 where documentation from hospital indicated, "...resident</p>	F000328	<p>The facility will make every reasonable effort to ensure that residents receive proper treatment and care for special services.</p> <p>CORRECTIVE ACTION: This alleged deficient practice was immediately corrected by re-educating nurses that an assessment must be documented on resident D when receiving a nebulizer treatment. Resident was not adversely affected by this alleged deficient practice. Licensed Nurses are documenting and completing nebulizer treatments pre-assessment, during and post-assessment per facility policy.</p> <p>IDENTIFICATION OF OTHER RESIDENTS AT RISK: All residents receiving</p>	07/05/2014

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	<p>hospitalized for seizures, hypoxia [low oxygen level] and pneumonia...Found initially by Emergency Medical Technician's saw her oxygen saturation level was in the 50's (normal oxygen saturation is between 90-100)...."</p> <p>The physician's orders dated 12/20/13 indicated the resident received Duoneb nebulizer treatments three times a day. The resident had a self medication assessment and was able to give herself her own nebulizer treatments per physician's order.</p> <p>The nebulizer treatment sheet for March 2014 indicated for each dose time for 8 A.M., 2 P.M., and 10 P.M., a box where staff document heart rate, respiratory rate and breath sounds before, during and after treatment. The boxes for the whole month of March had only one documented assessment. The rest of the boxes had documented "self administered". There was no documentation for heart rate, respiratory rate, and lung sounds for the months of April and May .</p> <p>The progress notes were reviewed from March 2014 through June 2014. There were entries on 4/12, 4/13, and 4/14 regarding lung sounds.</p>		<p>self-administration of nebulizer treatments have the potential to be affected by this practice. Currently, there are no other residents that self-administer nebulizer treatments at this facility. DNS/Designee educated all licensed nurses on June 17, 2014 regarding assessments of residents that self-administer nebulizer treatment that include proper assessment and documentation of heart rate, breath sounds and respirations before, during, and after a nebulizer treatment regardless if the resident self-administers their own treatment or nursing administers with resident.</p> <p>MEASURE/SYSTEMATIC CHANGES: DNS/Designee educated all licensed nurses on June 17, 2014 regarding assessments of residents that self-administer nebulizer treatment that include proper assessment and documentation of heart rate, breath sounds and respirations before, during, and after a nebulizer treatment regardless if the resident self-administers their own treatment or nursing administers with resident. All new licensed nurses complete a skills validation for administration/assessment of nebulizer treatments. Unit Managers will conduct daily audits to ensure appropriate documentation is in place for</p>	

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	<p>On 6/3/14 at 1:10 P.M., when asked what nursing's responsibility was for a resident who is self medicating for nebulizer treatments, the Director of Nursing Services indicated the nurses were to assess Resident D during the nebulizer treatment and document on the flow sheet the blood pressures, heart rate, and respirations.</p> <p>A policy titled "Nebulizer Treatment (Small Volume Nebulizer-SVN-Medicated Aerosol Therapy) dated 9/12, indicated, "...6. Perform pre-assessment including pulse, respiration, breath sounds and pulse oximetry...13. During procedure perform assessment including pulse, respiration, breath sounds and pulse oximetry...16. Perform post-assessment including pulse, respiration, breath sounds and pulse oximetry...."</p> <p>This Federal tag relates to the Investigation of complaint IN00149537.</p> <p>3.1-47(a)(6)</p>		<p>administration of nebulizer treatments for each shift. Any omissions will be reported to the Director of Nursing Services immediately for corrective action.</p> <p>MONITOR: To ensure compliance, the DNS/Designee is responsible for the completion of the Nebulizer Treatment CQI audit tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The CQI committee overseen by the ED will review the results of these audits. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>		

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F000329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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.</p> <p>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.</p> <p>Based on interview and record review, the facility failed to monitor residents who were on Coumadin for 1 of 5 residents reviewed for monitoring of medications in a sample of 9. ( Resident E)</p> <p>Findings include:</p> <p>The record review for Resident E was completed on 6/4/14 at 3:00 P.M.</p>	F000329	<p>The facility will make every reasonable effort to ensure each resident's drug regimen is free from unnecessary drugs.</p> <p>CORRECTIVE ACTION: Physician was immediately notified of abnormal result and Coumadin dose as requested. New orders were received to re-draw PT/INR. Upon receiving lab results, no changes to Coumadin dose were made. Resident was not adversely</p>	07/05/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155149	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/05/2014
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NAME OF PROVIDER OR SUPPLIER  HARCOURT TERRACE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260
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	<p>Diagnoses included, but were not limited to, Diabetes, acute venous embolism, venous thrombosis, obesity, and congestive heart failure.</p> <p>The physician's orders indicated on 5/7/14 the resident was started on Coumadin 4.5 milligrams daily.</p> <p>The resident also had orders to draw labs for PT/INR weekly on Thursdays starting 5/8/14.</p> <p>The lab dated 5/29/14 indicated the PT was 42.6 ( 9.5-11.8 seconds) normal range. INR was 3.8 (0.9-1.1) normal range. The lab had a hand written note indicating MD notified, another handwritten note had comment "Dose?" initials "LOC" and dated "5/30/14".</p> <p>The Coumadin tracking log for Resident E indicated 5/29/14 Coumadin dose 4.5 milligrams, INR 3.8 MD was notified and the comments/dosage change box had a"0" in it.</p> <p>On 6/4/14 at 3:10 P.M., LPN #5 indicated the signature on the lab from 5/29/14 was from the physician. LPN #5 indicated there was no documentation the physician had been followed up with after his questions on the fax, regarding the high INR lab and the current dose of</p>		<p>affected by this alleged deficient practice.</p> <p>IDENTIFICATION OF OTHER RESIDENTS AT RISK: All residents receiving Coumadin have the potential to be affected by this alleged deficient practice. Residents receiving Coumadin were audited on June 13, 2014 to ensure appropriate monitoring and follow-up in place by DNS.</p> <p>MEASURE/SYSTEMATIC CHANGES: DNS/Designee re-educated all licensed nurses on June 17, 2014 regarding medication administration of Coumadin including the process of tracking Coumadin on the flow-sheet and physician notification of lab results of the PT/INR with current Coumadin dose. Daily tracking of labs is conducted by the appointed nurse manager. All residents receiving Coumadin will have a Coumadin tracking record in place which is to be utilized by the licensed nurses prior to administering Coumadin. Nurse Managers will audit the Coumadin tracking record with every new Coumadin order and PT/INR lab result to ensure it is updated correctly and physician was notified of abnormal lab values. DNS will be notified for any discrepancies immediately for corrective action.</p> <p>MONITOR: To ensure compliance, the DNS/Designee</p>	

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NAME OF PROVIDER OR SUPPLIER  HARCOURT TERRACE NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260		
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	<p>Coumadin and if there were to be any changes in the dosage.</p> <p>This Federal tag relates to the Investigation of complaint IN00149537.</p> <p>3.1-48(a)(3)</p>		<p>is responsible for the completion of the Coumadin CQI audit tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The CQI committee overseen by the ED will review the results of these audits. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>		