

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155245	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/05/2016
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NAME OF PROVIDER OR SUPPLIER CASTLETON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7630 E 86TH ST INDIANAPOLIS, IN 46256
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on November 13, 2015</p> <p>Survey Dates: January 4 and 5, 2016.</p> <p>Facility number: 000149 Provider number: 155245 AIM number: 100266840</p> <p>Census bed type: SNF/NF: 43 Total: 43</p> <p>Census Payor type: Medicare: 1 Medicaid: 33 Other: 9 Total: 43</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on January 6, 2016</p>	F 0000	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Castleton Health Care maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of its residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Castleton Health Care asserts that it is in substantial compliance with regulations governing the operation of long term care facilities, and this Plan of Correction in its entirety constitutes this provider's credible allegation of compliance. We respectfully request desk review(paper compliance) for compliance,if acceptable. Should additional information be required to complete the request,please advise.</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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F 0282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to follow Physician's Orders as written for 2 of 3 residents reviewed for Physician's Orders. Resident #27 and #115)</p> <p>Findings include:</p> <p>1a. The clinical record for Resident #27 was reviewed on 1/4/16 at 2:15 p.m. The diagnosis for Resident #27 included, but was not limited to diabetes mellitus, according to the clinical record.</p> <p>A Physician's Order, initiated 5/20/15, indicated blood sugar readings should be taken twice daily and to call the MD (medical doctor) if the reading was less than 60 or more than 250.</p> <p>The December 2015 and January 2016 MARs (medication administration records) indicated the following blood sugar readings: 12/18/15 at 4:00 p.m.=278, 1/2/16 at 4:00 p.m.=289.</p> <p>Physician Notification was not located in</p>	F 0282	<p>F282 Services by Qualified Persons/Per Care Plan Corrective Actions for those residents found to have been affected: Resident # 27 and Resident #115 were assessed for any adverse/ negative side effects related to this event by nursing staff and the residents' nurse practitioner. No adverse or negative side effects were noted.</p> <p>Other residents having the potential to be affected will be identified and actions taken: Audits on current residents that have accu-checks and insulin administration were completed on 1/06 /16 by the DON. DON or Designee will monitor current and new residents that require accu-checks with call parameters and notation of any signs or symptoms of hypo or hyperglycemia. Daily audits will be performed to ensure that any resident accu-checks that were out of call parameters and had notation of signs or symptoms of hypo or hyperglycemia, the M.D. was notified. Corrective measures put into place: Licensed Nursing Staff will receive Directed In-Service Training for : F282: For all nursing</p>	01/25/2016

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	<p>the clinical record.</p> <p>During an interview with the Director of Nursing (DoN), on 1/4/16 at 2:44 p.m., the DoN indicated staff was expected to document in Progress Notes when a Physician was notified of out of range blood sugars.</p> <p>1b. Physician's Orders, dated 11/25/15, indicated 50 units of Novolog 70/30 (insulin) should be administered 1 time daily and 16 units of Novolog 70/30 should be administered in the evening.</p> <p>A Progress Note, dated 12/14/15, indicated, "BS [blood sugar] 64 mg/dl [milligrams/deciliter] Did [sic] not administer scheduled 50 units of insulin. Will continue to monitor." The Progress Note was signed by LPN #3.</p> <p>A Progress Note, dated 12/17/2015 at 7:19 p.m., indicated, "BS 94 mg/dl did not administer scheduled insulin dose." The Progress Note was signed by LPN #3.</p> <p>A Progress Note, dated 1/2/2016 at 10:37 a.m. indicated' "BS 75 mg/dl. Did not administer 50 units of scheduled insulin." The Progress Note was signed by LPN #3.</p> <p>The December 2015 and January 2016 MARs (medication administration</p>		<p>staff the facility's policy and procedure for administering services as written by a physician pertaining to blood sugar readings and notifying the physician as ordered. Audits will be carried out 5 x weekly for 14 days with no errors, then twice per week for 14 days with no errors. Licensed nursing staff will receive re-education or corrective action for noncompliance with facility policy. How corrective action will be monitored: Facility's policy and procedure for administering services as written by a physician pertaining to blood sugar readings and notifying the physician as ordered will be monitored twice per week by DON/designee. Results of audits for facility's policy for administrating services regarding blood sugars and physician notification will be addressed during the monthly QA meeting. Any patterns will be identified with resolution. Date to be completed: 1/25/16</p>	

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	<p>records) indicated the insulin was not administered as ordered, on the dates above.</p> <p>There was no Physician's Order to hold the insulin on the above dates in the clinical record.</p> <p>During an interview with LPN #3 and the DON, on 1/4/16 at 2:33 p.m., LPN #3 indicated there was no order to hold the insulin for the above dates. LPN #3 indicated he used his own nursing judgement to not administer the insulin because Resident #27 did not eat well on the above dates. LPN #3 further indicated he usually documented when a resident didn't eat well and LPN #3 decided to hold insulin, but he did not in the above Progress Notes.</p> <p>On 1/5/16 at 12:00 p.m., the DoN indicated it was the expectation that staff follow Physician's Orders as written.</p> <p>2. The clinical record for Resident #115 was reviewed on 1/4/16 at 1:00 p.m. The diagnosis for Resident #115 included, but was not limited to type II diabetes mellitus, according to the December 2015 and January 2016 Medication Administration Record.</p> <p>A physician order dated, 8/25/15, indicated Resident #115's blood sugar was to be checked four times a day. The staff was to notify the physician if Resident #115's blood sugars were less than 60 or greater than 250.</p>			

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F 9999 Bldg. 00	<p>The December 2015 Medication Administration Record (MAR) for Resident #115 indicated the following blood sugars were out of the physician's parameters as ordered: 12/13/15 at 11:00 a.m., blood sugar: 259 12/14/15 at 9:00 p.m., blood sugar: 263 12/20/15 at 11:00 a.m., blood sugar: 274 12/27/15 at 11:00 a.m., blood sugar: 40 12/31/15 at 9:00 p.m., blood sugar 299</p> <p>The January 2016 Medication Administration Record (MAR) for Resident #115 indicated the following blood sugars were out of the physician's parameters as ordered: 1/1/16 at 4:00 p.m., blood sugar 366 1/2/16 at 4:00 p.m., blood sugar 289</p> <p>The December and January progress notes did not indicate the physician was notified of Resident #115's blood sugars that were less than 60 or greater than 250 as ordered.</p> <p>This deficiency was cited on November 13, 2015. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-35 (g)(2)</p>	F 9999	We respectfully request desk review(paper compliance) for	01/25/2016

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