

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155804	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/05/2015
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NAME OF PROVIDER OR SUPPLIER  SPRENGER HEALTH CARE OF MISHAWAKA	STREET ADDRESS, CITY, STATE, ZIP CODE 60257 BODNAR BLVD MISHAWAKA, IN 46544
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(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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00172920.</p> <p>Complaint IN00172920–Substantiated. Federal/State deficiency related to the allegations is cited at F–309.</p> <p>Survey Dates: June 4 &amp; 5, 2015</p> <p>Facility number: 013017 Provider number: 155804 AIM number: 201237680</p> <p>Census bed type: SNF: 30 SNF/NF: 19 Residential: 29 Total: 78</p> <p>Census payor type: Medicare: 27 Medicaid: 19 Other: 32 Total: 78</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2–3.1.</p>	F 0000		

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 0309 SS=D Bldg. 00	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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 record review and interview, the facility failed to ensure medications were available in a timely manner for 1 resident (B) who was a new admission to the facility in a sample of 3 resident records reviewed.</p> <p>Findings include:</p> <p>Review of the clinical record for resident (B) on 6/4/15 at 1:30 PM indicated he was admitted to the facility on 4/24/15 with diagnoses including but not limited to Debility, Muscle Weakness, Chronic Obstructive Pulmonary Disease, Diabetes and had discharged from the hospital after undergoing heart surgery.</p>	F 0309	<p>1.Resident B was notidentified in a sample, however the facility was fully aware of whom the residents identified were. Resident B had the medications ordered and given as prescribed.</p> <p>2.Residents residing at the facility have thepotential to be affected by the alleged deficient practice.</p> <ul style="list-style-type: none"> <li>·Nursing administration performed an audit onresidents admitted with in the past 30 days to ensure all orders were followed as prescribed.</li> </ul> <p>3 The nursing department has been educated on theadmission ordering process including physician notification in the event a medication is unavailable by 7/5/15</p> <ul style="list-style-type: none"> <li>·The Director of Nursing will run Medicationavailability reports daily to ensure mediations are not missed and will notify physician if</li> </ul>	07/05/2015

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	<p>Review of resident (B's) admission medication orders dated 4/24/15 indicated orders for the following:</p> <ol style="list-style-type: none"> <li>Symbicort Inhaler (medication for pulmonary disease) 1 puff every morning and at bedtime. Review of the computerized medication administration record indicated the medication was placed in the computer on 4/25/15 and the resident was not given the inhaler until the evening of 4/27/15.</li> <li>Omeprazole (medication for acid reflux) 40 milligrams every morning and at bedtime. Review of the computerized medication administration record indicated the medication was placed in the computer on 4/25/15 and the resident was not given the medication until the morning of 4/26/15.</li> </ol> <p>On 6/5/15 at 10:30 a.m. interview with the Director of Nursing (DoN) indicated the medications listed above were on the resident's admission orders dated 4/24/15. The DoN was unsure why the medications were missed on admission and given late.</p> <p>This federal tag is related to</p>		<p>appropriate.</p> <p>4 The Director of Nursing will conduct . Monthly audits of the medication availability, this will be forwarded to the QA&amp;A committee for review, These audits will be reported monthly for a period of 6-months until compliance is achieved. 5. Date of compliance 7/5/15</p>	

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	Complaint IN00172920.  3.1-37(a)				