

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155628	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/18/2013
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NAME OF PROVIDER OR SUPPLIER  BRIARWOOD HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N CENTRAL AVE INDIANAPOLIS, IN 46205
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F000000	<p>This visit was for the Investigation of Complaint IN00125201.</p> <p>Complaint IN00125201 - Substantiated. Federal/state deficiency related to the allegations is cited at F514.</p> <p>Survey dates: March 14, 15 and 18, 2013</p> <p>Facility number: 009569 Provider number: 155628 AIM number: 200139920</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 83 Total: 83</p> <p>Census payor type: Medicare: 6 Medicaid: 76 Other: 1 Total: 83</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000		
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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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	Quality review 3/19/13 by Suzanne Williams, RN			

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F000514 SS=D	<p>483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure the amount of liquid nutrition administered via a gastrostomy feeding was correctly documented for 1 of 3 residents reviewed for gastrostomy tube nutrition in a sample of 4. (Resident #A)</p> <p>Findings include:</p> <p>The clinical record of Resident #A was reviewed on 3-14-13 at 1:56 p.m. Her diagnoses included, but were not limited to, persistent vegetative state, cerebrovascular accident (CVA or stroke), high blood pressure, diabetes, and seizure disorder. Review of her most recent Minimum Data Set assessment, dated 2-8-13, indicated she was in a persistent</p>	F000514	<p>1. Unable to correct #A MAR, it occurred in the past.2. Orders for residents who receive enteral feeding were reviewed and updated as needed.3. Nurses were in-serviced on documentation of enteral feeding. Unit Manager will audit MAR of residents receiving enteral feeding five times a week for accuracy of documentation.4. DON/designee will review audits of documentation weekly times two then monthly until compliance achieved. Any concerns will be reported to the Quality Assurance Committee for action.5. Compliance date: 3/31/13Request for paper compliance letter attached.</p>	03/31/2013	

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	<p>vegetative state and had a gastrostomy tube in which she received 50% or more of her calories daily and received more than 500 milliliters (ml) of fluids via the gastrostomy tube daily. She was physician ordered to receive Glucerna (a type of liquid nutrition) at 60 ml per hour. She received this liquid nutrition via an electronic feeding pump. This indicated she should have received 480 ml for each 8 hour shift and a total of 1440 ml per 24 hours of the liquid nutrition.</p> <p>Review of the Medication Administration Record (MAR) for February 2013 indicated the shift totals for the Glucerna liquid nutrition documented on the MAR ranged from 53 ml to 2729 ml. There were 29 entries which indicated 480 ml for the shift totals. The month of February 2013 had 84 possible entries for the 8 hour shift totals.</p> <p>In interview with the Corporate Nurse on 3-15-13 at 12:15 p.m., she indicated she had reviewed the MAR information and concluded the staff nurses had not correctly obtained the hourly totals from the feeding pump. She indicated, "It appears our staff does not know how to clear the pumps to get the shifts totals,</p>			

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	<p>because the shift totals are all over the place. That is the only explanation I can provide."</p> <p>On 3-18-13 at 9:05 a.m., the Corporate Nurse provided a copy of a policy entitled, "Gastric Tube Feeding via Continuous Pump," and identified as the current policy in use. The purpose of the policy was indicated, "To provide nourishment to the resident who is unable to obtain nourishment orally." It indicated, "Each shift will document amount of feeding infused on MAR, then clear the pump for next shift."</p> <p>This Federal tag relates to Complaint IN00125201.</p> <p>3.1-50(a)(2)</p>				