

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155755	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/28/2015
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NAME OF PROVIDER OR SUPPLIER  GOLDEN YEARS HOMESTEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 3136 GOEGLIN RD FORT WAYNE, IN 46815
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F 000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00171652.</p> <p>Complaint IN00171652 -Substantiated. Deficiencies related to the allegations are cited at F157 and F425</p> <p>Survey dates: April 27, and 28, 2015</p> <p>Facility number: 000282 Provider number: 155755 AIM number: 100287520</p> <p>Census bed type: SNF/NF: 105 Residential: 40 Total: 145</p> <p>Census payor type: Medicare: 2 Medicaid: 65 Other: 78 Total: 145</p> <p>Sample: 12</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000		
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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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F 157 SS=D Bldg. 00	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to notify the physician of medication unavailability for 1 of 3</p>	F 157	Plan of Correction Complaint Number IN00171652 F157 Notification of changes What corrective action will be accomplished for those residents	05/28/2015			

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	<p>residents reviewed for physician notification in a sample of 12. ( Resident #A)</p> <p>Findings include:</p> <p>Resident #A's record was reviewed 4-27-2015 at 1:47 PM. Resident #A's diagnoses included, but were not limited to, dementia, depression, and high blood pressure.</p> <p>A review of Resident #A's physician's orders dated 2-27-2015 indicated to treat the left hip wound by applying skin prep to the peri wound, soak kerlix in Gentamycin 1 gram/ sodium hydrochloride 0.5% (Dakins) solution (an antibacterial solution), gently pack the wound, then cover with foam adhesive every shift.</p> <p>A review of Nurse's notes dated 3-7-2015 at 12:29 AM indicated the nurse redressed Resident #A's wound, but was unable to pack the wound with the Gentamycin/ Dakins solution because there was no solution available.</p> <p>In addition, Resident #A's Nurse's notes dated 3-7-2015 at 10:17 PM, 3-8-2015 at 10:49 PM, 3-9-2015 at 9:52 AM, 3-9-2015 at 2:45 PM, and 3-9-2015 at 10:59 PM, indicated the Gentamycin/</p>		<p>found to have been affected by the deficient practice? The resident that was noted to have the alleged deficient practice has since discharged from the facility and this cannot be corrected. However, the physician has since been notified. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected by the alleged deficient practice. 10% weekly audits will begin the week of 5/11/2015. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Additional training for nurses will begin the week of 5/11/15 and an official in-service will be held on 5/22/2015 for all nurses regarding regulations of physician notification. Auditing as stated below. How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place? Corrective actions will be monitored by auditing 10% of all residents weekly x 6 months with results to QA Committee to ensure that all medications are given and physician notifications are completed timely when medications are not received. By what date will the systemic changes be completed. The</p>		

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	<p>Dakins solution was not available.</p> <p>A review of Resident #A's Treatment Administration Record (TAR) dated March 2015 indicated Resident #A's treatment was not completed on 11-7 shift for the date of 3-9-2015; the 7-3 shift for the dates of 3-7, 3-8, and 3-9, 2015; and on the 3-11 shift for the date of 3-9-2015. The Treatment Administration Record further indicated the Gentamycin/Dakins solution was not available on 3-6-2015 beginning at 7:00 PM, through 3-9-2015 at 7:08 PM.</p> <p>A review of Nurse's notes for 3-6 through 3-9-2015 did not indicated the physician had been notified the medication was not available.</p> <p>A review of physician's orders did not indicated the physician had been notified the medication was unavailable.</p> <p>In an interview on 4-27-2015 at 3:10 PM, the Director of Nursing indicated the physician had not been notified the medication was not available. She further indicated the staff should have notified the physician as well as the Nursing management for help with obtaining the needed medication.</p> <p>This Federal tag is related to complaint</p>		<p>facility is requesting paper compliance and Systemic changes will be put into place and completed by May 28, 2015.</p>				

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F 425 SS=D Bldg. 00	<p>IN00171652.</p> <p>3.1-5(a)(3)</p> <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on interview and record review, the facility failed to ensure medication was available as ordered by the physician for 1 of 3 residents reviewed for medication availability in a sample of 12. ( Resident #A)</p> <p>Findings include:</p>	F 425	F425 Pharmaceutical Services/Accurate Procedures What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The resident has since been discharged from the facility and the alleged deficiency cannot be corrected. How other residents having the potential to be affected by the same deficient practice will	05/28/2015

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	<p>Resident #A's record was reviewed 4-27-2015 at 1:47 PM. Resident #A's diagnoses included, but were not limited to, dementia, depression, and high blood pressure.</p> <p>A review of Resident #A's physician's orders dated 2-27-2015 indicated to treat the left hip wound by applying skin prep to the peri wound, soak kerlix in Gentamycin 1 gram/ sodium hydrochloride 0.5% (Dakins) solution (an antibacterial solution), gently pack the wound, then cover with foam adhesive every shift.</p> <p>A review of Nurse's notes dated 3-7-2015 at 12:29 AM indicated the nurse redressed Resident #A's wound, but was unable to pack the wound with the Gentamycin/ Dakins solution because there was no solution available.</p> <p>Further, Resident #A's Nurse's notes dated 3-7-2015 at 10:17 PM, 3-8-2015 at 10:49 PM, 3-9-2015 at 9:52 AM, 3-9-2015 at 2:45 PM, and 3-9-2015 at 10:59 PM, indicated the Gentamycin/ Dakins solution was not available.</p> <p>A review of Resident #A's Treatment Administration Record (TAR) dated March 2015 indicated Resident #A's treatment was not completed on 11-7</p>		<p>be identified and what corrective actions will be taken? All residents have the potential to be affected by the alleged deficient practice. Audits will begin as stated below. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Our pharmacy system has been updated to reflect changes to allow medications to be automatically sent if cost is under \$100. If the cost is greater than \$100, the medication will have a 5 day supply distributed automatically and repeated until authorization is obtained from the DNS so that medications are not withheld for payment reasons. The cost was previously set to not send the medications without prior authorization if they were over \$50 and no automatic supply was to be generated. Notification of necessary non covered items will now have a copy forwarded to the DNS/Designee so that they can be followed up on. Policy review will be completed with the nursing staff beginning the week of 5/11/2015 with a formal inservice scheduled on 5/22/2015. DNS/Designee will audit medication availability per audit process listed below. How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place? Pharmacy will send a weekly report which will be</p>	

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	<p>shift for the date of 3-9-2015; the 7-3 shift for the dates of 3-7, 3-8, and 3-9, 2015; and on the 3-11 shift for the date of 3-9-2015. The Treatment Administration Record further indicated the Gentamycin/Dakins solution was not available on 3-6-2015 beginning at 7:00 PM, through 3-9-2015 at 7:08 PM. Additionally, the record indicated on 3-7-2015 at 5:00 PM, the solution was in transit; then on 3-8-2015 at 7:00 AM, the Dakins solution was on back order, and finally, on 3-9-2015 at 9:50 AM, the Pharmacy was called and the solution was not covered.</p> <p>In an interview on 4-27-2015 at 3:10 PM, the Director of Nursing indicated the Nursing management should have been notified for help with the pharmacy in obtaining the needed medication.</p> <p>This Federal tag is related to complaint IN00171652.</p> <p>3.1-25 (p)(1)</p>		<p>audited by the DNS/Designee to ensure that no medications are missing or withheld for payment reasons. This report will be generated weekly for the next 6 months with results to QA committee. By what date will the systemic changes be completed. The facility is requesting paper compliance and Systemic changes will be put into place and completed by May 28, 2015.</p>	