

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155779	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/27/2015
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NAME OF PROVIDER OR SUPPLIER PRAIRIE LAKES HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 9730 PRAIRIE LAKES BLVD E NOBLESVILLE, IN 46060
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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 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00172364 and IN00173965.</p> <p>Complaint IN00173965 - Substantiated. Federal/state deficiency related to the allegation is cited at F157.</p> <p>Complaint IN00172364 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: May 26 and 27, 2015.</p> <p>Facility number: 012305 Provider number: 155779 AIM number: 200987990</p> <p>Census bed type: SNF: 28 SNF/NF: 28 Residential: 55 Total: 111</p> <p>Census payor type: Medicare: 20 Medicaid: 17 Other: 75 Total: 111</p> <p>Sample: 4</p> <p>This deficiency also reflects state</p>	F 000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint (IN00172364 and IN00173965) Survey on May 27, 2015. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</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 157 SS=D Bldg. 00	<p>findings cited in accordance with 410 IAC 16.2-3.1.</p> <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>			

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	<p>Based on record review and interview, the facility failed to ensure the Power of Attorney (POA) was notified when there was a medication change for 1 of 4 residents reviewed for POA notification in a sample of 4. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident (B) was reviewed on 5/26/15 at 11:30 a.m. Diagnoses for Resident (B) included, but were not limited to, dementia with behaviors, anxiety, asthma, hypertension and coronary artery disease. Resident (B) was severely cognitively impaired.</p> <p>A Physician's Order, dated 1/12/15, indicated an order for a change in medication. The physician ordered to increase the dose of Namenda (a medication used for dementia) from 5 mg daily to 14 mg daily. The order did not indicate the POA was notified of the medication increase.</p> <p>A Physician's Order, dated 3/31/15, indicated an order for a new medication. The physician ordered Zyprexa (anti-psychotic medication) 5 mg daily by mouth daily. The order did not indicate the POA was notified of the medication order.</p>	F 157	<p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident B - POA has been notified of medication changes. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will review medication change orders for past 7 days to ensure the POA, resident or responsible party has been notified. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Licensed Nurses on the following guideline: Responsible Party Notification How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 2 months to ensure compliance: Review medication change orders to ensure the POA, Resident or Responsible Party has been notified. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 3</p>	06/26/2015

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	<p>During review of the April Medication Administration Record, the medication was refused on 4/2, 4/3, 4/4, 4/5, 4/6, 4/7, 4/8, 4/9, 4/10, 4/11, 4/13 and 4/16. On 4/11/15, a new order for Zyprexa 5 mg intramuscular (IM) was received. The medication was to be given daily when Resident (B) refused the oral medication.</p> <p>Review of the Nurse's Notes indicated the POA was notified of the IM injection on 4/11/15. The medication was given IM on 4/16/15.</p> <p>Review of a current care plan, dated 5/26/14 and updated 5/26/15, indicated Resident (B)'s daughter was the POA.</p> <p>During an interview on 5/27/15 at 1:06 p.m., the Administrator and Director of Nursing (DON) indicated they could find no POA notification of the medication change on 1/12/15. The Administrator indicated they were aware of the missing notification on 3/31/15 and the nurse received disciplinary action for lack of notification.</p> <p>3.1-5(a)(3)</p>		months then randomly thereafter for further recommendation.	