

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155322	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/15/2015
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NAME OF PROVIDER OR SUPPLIER RENAISSANCE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6050 S CR 800 E 92 FORT WAYNE, IN 46814
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 8, 9,10, 11, 14, and 15, 2015</p> <p>Facility number: 000215 Provider number: 155322 AIM number: 100267600</p> <p>Census bed type: SNF/NF: 59 Total: 59</p> <p>Census payor type: Medicare: 1 Medicaid: 41 Other: 17 Total: 59</p> <p>These deficiencies reflect state findings in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 17934 on September 16, 2015.</p>	F 0000		
F 0325 SS=D Bldg. 00	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive</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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	<p>assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on interview and record review the facility failed to report a significant weight change to the dietary department in a timely manner for 1 of 3 residents (#40) reviewed for weight loss.</p> <p>Findings include:</p> <p>Resident #40's clinical record was reviewed on 9/14/15 at 10:30 A.M.. Resident #40 was admitted to the facility on 8/2/15 and weighed 131 lbs. Resident #40's subsequent weights were: 8/9/15-119 lbs; 8/16/15-112 lbs; 8/19/15-112 lbs; 8/20/15-111 lbs; 8/23/15-110 lbs; 9/1/15-109 lbs.</p> <p>A nurse's note for Resident #40, from 8/18/15 indicated a significant weight loss. The note indicated the Director of Nursing (DN) was notified and the resident would be seen by the physician on 8/19/15.</p> <p>The physician's progress notes from 8/19/15 indicated Resident #40 had a 14</p>	F 0325	<p><u>Corrective Action for Affected Resident:</u> Resident #40 was immediately reviewed by Interdisciplinary Team. It was determined Resident #40's significant weight change could have been considered anticipated related to resident's edema upon admission. Resident was being treated with two (2) diuretics. Resident #40 has been placed on supplements and is currently being monitored by use of facility's updated policy and implementation of new weight book. <u>Corrective Action for Potentially Affected Residents:</u> Weight obtained on admission and then every week for four (4) weeks. A weight book will be implemented with weight flow sheets. All residents' weights are to be obtained monthly within 10 days of the start of the month. A nutrition-at-risk meeting will be implemented weekly and weight book will be reviewed following facility policy for weight loss and gain. Dietitian/Designee will review weight book on a weekly basis. <u>Measures for Prevention:</u> Weight obtained on admission and then every week for four (4)</p>	10/15/2015			

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	<p>1b weight loss in 2 weeks.</p> <p>The physician's orders for 8/19/15 indicated to start Remeron 15 milligrams daily and start 2 call, 90 milliliters (a dietary supplement) twice daily for weight loss.</p> <p>The dietary progress notes on 8/3/15 by the Registered Dietitian (RD) indicated weight 130.6 lbs on admission, a Basal Metabolic Index (BMI) of 21. noted a history of poor intakes. No chewing or swallowing problems. Noted will monitor to see if weight improves with 3 balanced meals and snack at bed time.</p> <p>A dietary progress note of 8/12/15 indicated Resident#40's weight was 131 lbs, a 1 lb increase since admission. Intakes fair-good.</p> <p>An interview with the RD on 9/14/15 at 10:57 A.M. indicated she did not hear about the weight loss for Resident #40, starting on 8/9/15, when the resident's weight decreased from 131 lbs to 119 lbs, a 9% decrease in 7 days. The RD indicated the 9% weight decrease was significant. The RD indicated the Dietary Manager (DM) usually checks weekly weights and can start nutritional supplements if there is a significant weight loss.</p>		<p>weeks. A weight book will be implemented with weight flow sheets. All residents' weights are to be obtained monthly within 10 days of the start of the month. A nutrition-at-risk meeting will be implemented weekly and weight book will be reviewed following facility policy for weight loss and gain. Dietitian/Designee will review weight book on a weekly basis. <u>QA for Prevention:</u> Minutes from Nutrition-at-Risk Meeting will be reviewed during the monthly QA Meeting.</p>	

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	<p>An interview with the DM on 9/14/15 at 12:04 P.M. indicated she usually checks weights along with Minimum Data Set assessments which are done at 5 days, 14 days and 30 days. The RD noted she did not see Resident #40's weight decline until 9/9/15 and she didn't document anything on it as she knew the RD was coming to the facility on 9/14/15.</p> <p>An interview with the DN on 9/14/15 at 12:51 P.M. indicated the dietary department should have been notified of the significant weight loss on 8/9/15, when a 12 lb weight loss occurred in 7 days.</p> <p>An interview with the DN on 9/15/15 at 9:31 A.M. indicated the dietary department should have been notified on 8/18/15 when a significant weight loss was noted.</p> <p>Review of the current undated policy, provided by LPN #2, on 9/14/15 at 12:20 P.M., titled Weight Loss and Gain, indicated under Procedure, H: Parameters of significant weight loss or weight gain include, not more that 5 pounds and/or 5% in one month, 7% in three months, 10% in six months." Under Procedure K, "Nursing will communicate weights weekly to the Registered Dietitian and/or</p>			

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F 0329 SS=D Bldg. 00	<p>Dietary Manager."</p> <p>3.1-46(a)(1)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview,</p>	F 0329	<p><u>Corrective Action for Affected Resident:</u> Resident #76 expired on September 15,2015. Unable</p>	10/15/2015

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	<p>the facility failed to ensure 1 of 5 residents (#76) reviewed for unnecessary medications had adequate indications for administration of an as needed (PRN) antianxiety medication along with follow-up of the medications effectiveness. In addition 1 or 5 residents (#46) reviewed for unnecessary medications, received an antibiotic (amoxicillin) for an infection, whose organism was resistant to amoxicillin according to lab results.</p> <p>Findings include:</p> <p>1. Resident #76's clinical record was reviewed on 9/14/15 at 9:15 A.M. The record indicated the resident was admitted to the facility on 8/24/15. The resident's medications included Lorazepam (an antianxiety medication) 0.5 milligrams (mg) every 8 hours as needed for anxiety.</p> <p>Review of Resident #76's Medication Administration Record (MAR) since admission indicated administration of Lorazepam 0.5mg on five occasions The directions on the MAR's indicated Lorazepam 0.5mg by mouth three times daily PRN. The MAR directions did not indicate what the Lorazepam was to be administered for.</p>		<p>to provide corrective action. Resident #46 was immediately reviewed by Interdisciplinary Team. Signs and symptoms of UTI being treated had subsided. It was determined a follow-up UA would be obtained to insure effectiveness of antibiotic treatment. <u>Corrective Action for Potentially Affected Residents:</u> Nurses to be in-serviced on reporting abnormal labs/cultures results to Physician/Nurse Practitioner. In-servicing to include specifics on reporting sensitivities to antibiotics and being prepared to report pertinent information on resident's condition. Nurses will monitor for signs and symptoms of anxiety utilizing non-pharmacological approaches before attempting medication. Nurses will document PRN anxiety medications on back of MAR the reasons for giving the medication and follow up by assessing resident at least an hour after the medication is given for effectiveness. <u>Measures for Prevention:</u> Nurses to be in-serviced on reporting abnormal labs/cultures results to Physician/Nurse Practitioner. In-servicing to include specifics on reporting sensitivities to antibiotics and being prepared to report pertinent information on resident's condition. Nurses will monitor for signs and symptoms of anxiety utilizing non-pharmacological approaches</p>	

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	<p>Lorazepam was administered to Resident #76 on:</p> <p>8/25/15 at 7:30 A.M.;</p> <p>8/25/15 at 4:00 P.M.;</p> <p>8/27/15 at 7:00 P.M.;</p> <p>9/6/15 at 3:00 P.M.;</p> <p>9/8/15 at 4:00 P.M.</p> <p>On the back of the MAR's under Comments/Nurse's notes, Lorazepam administration was documented once as given on 9/6/15 at 3:00 P.M. along with Vicodin for complaints of pain, non specific, and very restless. No documentation of effectiveness of Lorazepam was noted on MAR's. Review of Nurse's notes for Resident #76 on the dates and times of Lorazepam administration did not indicate any documentation of Lorazepam administration or reason for administering the medication or effectiveness of Lorazepam administration.</p> <p>An interview with the Director of Nursing (DN) on 9/14/15 at 12:42 P.M. indicated for PRN medications, nurse's should document the reason for giving the medication and results of the medication on the back of the MAR's.</p> <p>Review of the current policy provided by LPN #1 on 9/14/15, at 12:20 P.M., noted revised June, 2105, titled PRN</p>		<p>before attempting medication. Nurses will document PRN anxiety medications on back of MAR the reasons for giving the medication and follow up by assessing resident at least an hour after the medication is given for effectiveness. The DON/Designee will monitor for adequate non-pharmacological measures given prior to medication. DON/Designee will also monitor for accuracy of dispensed medication including documentation regarding why the medication was given and the outcome. Lab results will be faxed to physician ASAP for him to review and also copies will be placed in Nurse Practitioner's folder for her to review. <u>QA for Prevention</u>: Facility will continue to utilize Short-Term Monitoring Flow Sheets, weekly Behavior Logs, and appropriate use of MARs to effectively manage use of medications. DON/Designee will review periodically and report monthly during QA.</p>		

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	<p>Record-Laxative, PRN, Blood Sugar, Follow-up Assessments and Refused Medication indicated under procedure D, indicated "A follow-up assessment of medication effectiveness is performed within one hour and documented in the back of the MAR/TAR. If not effective, further intervention is necessary."</p> <p>2. Resident #46's clinical record was reviewed on 9/11/15 at 9:30 A.M.. The record indicated on 8/21/15 at 10:00 A.M., a physician's order was received for a Urinalysis with a Culture and Sensitivity (U/A with C&S) if indicated for an increase in behaviors and confusion.</p> <p>On 8/23/15 a physician's order was received to start ampicillin (an antibiotic) 500mg three times daily for 7 days for a urinary tract infection (UTI).</p> <p>Review of the lab result for the U/A, C&S results from 8/23/15 indicated the urine culture contained >100,000 organisms/milliliter of Klebsiella pneumoniae. The lab report indicated the organism was resistant to ampicillin. The lab report indicated the organism was susceptible to 6 other antibiotics.</p> <p>An interview with LPN #2 on 9/11/15 at 11:47 A.M., indicated she gave the Nurse</p>			

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F 0431 SS=E Bldg. 00	<p>Practitioner (NP) the lab information over the telephone on 8/23/15 and received a physician's order for ampicillin.</p> <p>An interview with NP #3 on 9/14/15 at 9:17 A.M. indicated she would not have ordered ampicillin if she had known the organism was resistant to ampicillin.</p> <p>3.1-48 (a)(3)(4)</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration</p>						

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	<p>date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, record review, and interview, the facility failed to ensure Schedule 2 medications containing hydrocodone and oxycodone (narcotic medications with a high potential for abuse), were secured as required in 3 of 3 medication carts observed for medication storage.</p> <p>Findings include:</p> <p>During observation of the facility medication carts on 9/15/2015 at 9:00 A.M. with the the facility Director of Nursing (DON), the following were observed:</p> <p>The 100 Hall medication cart was</p>	F 0431	<p><u>Corrective Action for Affected Resident:</u> No residents to be found affected. <u>Corrective Action for Potentially Affected Residents:</u> All controlled drugs will be placed in a double lock drawer with only authorized personnel to have access to the keys. Staff will be in-serviced on regulations regarding appropriate storage and dispensing of controlled drugs, including double lock at all times. <u>Measures for Prevention:</u> All controlled drugs to be placed in a double locked drawer and only authorized personnel to have access to the keys. Outgoing and incoming nurses to count all controlled drugs for accuracy and to sign flow sheet is accurate. <u>QA for Prevention:</u> The DON/Designee will do unannounced rounds to</p>	10/15/2015

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	<p>observed to have one card of 28 tablets of hydrocodone/APAP (a combination of hydrocodone and acetyl-para-aminophenol [Tylenol]) 5/325 mg (milligrams), one card of 23 tablets of hydrocodone/APAP 5/325 mg, and one card of 21 tablets of hydrocodone/APAP 5/325 mg. The cards of the hydrocodone/APAP were in a drawer in the medication cart along with unscheduled medications. They were not located in the locked box labeled for narcotics in the medication cart.</p> <p>The 200 Hall medication cart was observed to have five cards of 30 tablets of hydrocodone/APAP 5/325 mg, one card of 29 tablets of hydrocodone/APAP 5/325 mg, one card of 23 tablets of hydrocodone/APAP 5/325 mg, two cards of 18 tablets of hydrocodone/APAP 5/325 mg, and one card of 2 tablets of hydrocodone/APAP 5/325 mg. The cart also contained one card of 8 tablets of oxycodone/APAP (a combination of oxycodone and Tylenol) 10/325 mg. The cards of the hydrocodone/APAP and oxycodone/APAP were in a drawer in the medication cart along with unscheduled medications. They were not located in the locked box labeled for narcotics in the medication cart.</p> <p>The 300 hall medication cart was</p>		<p>monitor controlled drugs are double locked. Nurses to turn the signed flow sheets in at the end of the month. Any discrepancies or concerns to be discussed during monthly QA meeting.</p>	

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	<p>observed to have one card of 12 tablets of hydrocodone/APAP 5/325 mg, one card of 10 tablets of hydrocodone/APAP 5/325 milligrams, one card of 33 tablets of hydrocodone/APAP 7.5/325 mg, two cards of 60 tablets of hydrocodone/APAP 10/325 mg, and one card of 1 tablet of hydrocodone/APAP 10/325 mg. The cards of the hydrocodone/APAP were in a drawer in the medication cart along with unscheduled medications. They were not located in the locked box labeled for narcotics in the medication cart.</p> <p>The facility DON was interviewed on 9/15/15 at 9:15 A.M. During the interview, the DON indicated medications containing hydrocodone or oxycodone were to be stored in a locked box within the locked medication cart (double locked).</p> <p>A registered pharmacist from the facility's contract pharmacy was interviewed by telephone on 9/15/2015 at 9:15 A.M. During the interview, the pharmacist indicated medications containing hydrocodone or oxycodone were classified as Schedule 2 drugs and were to be stored in a locked box within the locked medication cart (double locked).</p>			

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	<p>A facility policy entitled Medication Ordering and Receiving From Pharmacy, dated 2006, was provided by the facility DON on 9/15/2015 at 10:00 A.M. The DON indicated the policy was the current policy on medication storage. The policy indicated "Schedule II medications are stored double locked."</p> <p>3.1-25(n)</p>				