STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155549	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWBEND LIVING CENTER	7524 E JACKSON ST MUNCIE, IN 47302

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F000000	This visit was for the Investigation of Complaint IN00154970. Complaint IN00154970 - Substantiated. Federal/State deficiency related to the allegation is cited at F502. Survey dates: September 17 and 18, 2014 Facility number: 000681 Provider number: 155549 AIM number: 100286100 Surveyor: Betty Retherford RN Census bed type: SNF/NF: 39 Total: 39 Census payor type: Medicare: 2 Medicaid: 37 Total: 39 Sample: 5 This deficiency also reflects state findings cited in accordance with 410 IAC 16.2-3.1.	F000000	Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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 completed by Debora Barth, RN.			
F000502 SS=D	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.			
	Based on record review and interview, the facility failed to ensure laboratory results were provided in a timely manner for 1 of 1 resident reviewed with physician's orders for STAT (immediate) lab tests. (Resident #B) Findings include: The clinical record for Resident #B was reviewed on 9/17/14 at 10:55 a.m. Diagnoses for the resident included, but were not limited to, chronic renal disease, coronary artery disease, and hypertension. The clinical record indicated the resident was found to have a urinary tract infection on 3/22/14 and an antibiotic therapy was ordered. She continued to not feel well with poor appetite, intermittent nausea, and some edema of the lower extremities noted on the evening of 3/23/14. She was seen by the Nurse Practitioner (NP) on 3/24/14 and additional orders were received including	F000502	1. The resident is no longer a resident at the facility. The provider for lab services was contacted and the delay of facility notification related to stat labs was discussed. The provider for lab services agreed to have the stat lab results to the facility within 5 hours of drawing the lab.2. All other residents have the potential to be affected. Their clinical records have been reviewed for stat lab orders and MD notification of such. If a concern was identified, the MD was immediately notified of the results and the provider for lab services was immediately notified of the concern.3. The facility's contract with the provider for lab services was reviewed and no changes were indicated at this time. The provider for lab services was contacted and the delay of facility notification related to stat labs was discussed. The provider for lab services agreed to have the stat lab results to the facility within 5 hours of drawing the lab. The facility nursing staff has been educated on the	09/22/2014

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	an order for a CBC (complete blood count) and BMP (basic metabolic profile) lab test to be drawn "Stat" (immediately). The clinical record did not indicate the time of the NP visit. The clinical record indicated the blood was drawn for testing at 5:40 p.m. on 3/24/14. A review of the "Nursing Facility Laboratory Agreement", signed 12/13/11, provided by the Administrator, the following was indicated: "...1. Services, During the term of this Agreement: ...b. [Name of lab provider] will provide STAT (life threatening situation) service for clinical lab services 24 hours per day, 365 days per year. Laboratory STAT testing will be reported within 5 hours.... ...j. [Name of lab provider] will provide typed reports through a mutually agreed method. Critical and STAT results will be phoned to the facility when they are available...." The nursing notes, from 3/24/14 at 5:40 p.m. through 3/25/14 at 5:30 a.m., lacked any information related to a report having been sent and/or called to the facility related to the STAT laboratory results. A nursing note, dated 3/25/14 at 5:30		timeframe and notification for stat labs (See Attachment A). A Stat Lab Review form has been implemented (See Attachment B).4. The DON or designee will be responsible to complete the Stat Lab Review form with a special focus on timeframe and notification. The form will be completed as follows: Daily on scheduled work days on an ongoing basis. Should a concern be found, immediate corrective action will occur. The results of these reviews and any corrective actions will be discussed during the facility's quarterly QA review and the plan adjusted if indicated.	

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	a.m., indicated the resident was found "staring off", cool to the touch, with some shallow labored respirations noted. Her family was contacted and came to the facility. She was transferred to the hospital and admitted for treatment at 6:40 a.m. on 3/25/14. The clinical record contained a lab report for the 3/24/14 CBC and BMP drawn from Resident #B. The report indicated it was faxed to the facility on 3/25/14 at 3:20 p.m. This was a time period of 21 hours and 40 minutes after the lab was drawn. The lab report contained several other dated notations that were not fully explained on the report. The 3/24/14 CBC and BMP laboratory report contained many abnormal labs, including but not limited to, the following: "Sodium 134 (low)- Normal values 136-144 Potassium 5.3 (high) - Normal values 3.6-5.0 Carbon dioxide level 17 (low) - Normal values 22-32 Blood urea nitrogen 80 (high) - Normal values 8-20 Creatinine 2.70 (high) - Normal values 0.44-1.03 Glomerular filtration rate 18 (low) -			

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	Normal values >60 White blood count 43 (high) - Normal values 4-11" The DON (Director of Nursing) was interviewed on 9/18/14 at 10:30 a.m. Additional information was requested related to the delay in notification of the lab test results and clarification for the other dated notations on the lab report. The DON was interviewed on 9/18/14 at 12 noon. She indicated she had discussed the various dates with the lab provider. She indicated the STAT lab was drawn by a nearby hospital under agreement with their laboratory provider. The nearby hospital notified the facilities laboratory provider of the lab results on 3/24/14 at 7:54 p.m. The facility's lab provider faxed the lab results to the resident's physician on 3/25/14 at 12:31 a.m. (A time when the office would not be open.) When queried why the facility was not called about the lab results or why the report was not faxed to the facility when it was faxed to the physician, the DON indicated she did not know. This federal tag relates to Complaint IN00154970. 3.1-49(a)			

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