

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155735	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/02/2015
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NAME OF PROVIDER OR SUPPLIER  ASHFORD PLACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 N RILEY HWY SHELBYVILLE, IN 46176
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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
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00174336.</p> <p>Complaint IN00174336-Substantiated. Federal/State deficiency related to the allegation is cited at F328.</p> <p>Survey dates: May 29, June 1 and June 2, 2015</p> <p>Facility number: 004268 Provider number: 155735 AIM number: 200504460</p> <p>Census bed type: SNF: 20 SNF/NF: 36 Residential: 30 Total: 86</p> <p>Census payor type: Medicare: 12 Medicaid: 21 Other: 23 Total: 56</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	
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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 0328 SS=D Bldg. 00	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, interview and record review, the facility failed to ensure an assessment of a resident's lung status was conducted before and after a nebulizer treatment (specialized breathing treatment) for 1 of 2 residents observed for nebulizer treatments with 1 of 2 licensed nurses during 1 of 2 medication pass observations with 1 of 4 nurses. This deficient practice has the potential to result in facility staff missing significant respiratory concerns for a resident with identified respiratory health concerns. (Resident #D)</p> <p>Findings include:</p> <p>On 6-1-15 at 9:24 a.m., LPN #1 was observed to prepare supplies of the prescribed medication, an oximeter (piece of equipment which measures the oxygen in one's body in a non-invasive</p>	F 0328	<p>1. LPN #1 was immediately verbally counseled and re-educated with acknowledgement on 6/2/15 with documentation of this re-education again on 6/17/15. 2. All residents have the potential to be affected by this practice. Licensed nurses will be in-serviced on Respiratory/Inhalation Treatments Guidelines and Guidelines for Lung Auscultation by 7/2/15. Competency Testing to be completed for Licensed Nurses with successful return demonstration on Inhalation Therapy to be evaluated by nurse managers by 7/2/15. 3. Nurse Managers to randomly observe administration of Nebulizer Treatments during waking hours weekly x 4 weeks. Nurse Managers to check for proper documentation on Respiratory/Inhalation/Breathing/</p>	07/02/2015

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	<p>manner) and gloves to administer a nebulizer treatment to Resident #D prior to entering the resident's room. She was not observed to obtain a stethoscope prior to entering the resident's room.</p> <p>Upon entry into the resident's room, LPN #1 was observed to prepare the prescribed medication of Albuterol 0.083% into a nebulizer cup and to check the resident's oxygen level with the oximeter and pulse rate. She was not observed to obtain a stethoscope to auscultate (listen to) the lungs. She was then observed to administer the prescribed medication via the nebulizer machine. Upon completion of the nebulizer treatment, LPN #1 was observed to check the resident's oxygen level with the oximeter and pulse rate. She was not observed to obtain a stethoscope to auscultate (listen to) the lungs.</p> <p>In a telephone interview with LPN #1 on 6-2-15 at 1:20 p.m., she indicated that after she had begun the nebulizer treatment the previous day with Resident #D, she realized she "should have had my stethoscope with me to listen to her lungs before I started her treatment...I guess I was nervous with being observed." She indicated she normally would check the lung sounds before and after a nebulizer</p>		<p>Treatment Record Form weekly x 4 weeks and then monthly and as needed for 6 months. 4. Findings from return domentrations to be reported to DHS or designee. Findings from Nebulizer observations to be reported to DHS or designee. All Findings to be brought to QA monthly x 6 months and then quarterly or until deemed un-necessary by QA Committee.</p>		

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	<p>treatment.</p> <p>In an interview with LPN #2 on 6-2-15 at 9:17 a.m., she indicated the facility's policy regarding nebulizer treatments suggests to conduct a lung assessment before and after nebulizer treatments, along with checking the resident's pulse and oximeter readings.</p> <p>On 6-2-15 at 1:05 p.m., the Director of Clinical Services (DCS) provided a copy of a policy entitled, "Respiratory/Inhalation Treatments Guidelines." This policy was dated January, 2006, and was indicated to be the current policy utilized by the facility. This policy indicated, "...Prior to beginning the treatment, a lung and heart rate assessment should be completed...Upon completion of the breathing treatment, reassess lung sounds, pulse, respirations..."</p> <p>This Federal tag relates to Complaint IN00174336.</p> <p>3.1-47(a)(6)</p>			