

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155792	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/22/2013
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NAME OF PROVIDER OR SUPPLIER  COUNTRYSIDE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 762 N DAN JONES RD AVON, IN 46123
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F000000	<p>This visit was for the Investigation of Complaint(s) IN00131254 and IN00132851.</p> <p>Complaint IN00131254 - Substantiated. Federal/State deficiencies related to the allegations are cited at F309.</p> <p>Complaint IN00132851 - Substantiated. Federal/State deficiencies related to the allegations are cited at F309.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey Dates: 7/22/2013, 7/24/2013, and 7/25/2013.</p> <p>Facility Number: 012534 Provider Number: 155792 AIM Number: 201028420</p> <p>Survey Team: Lora Brettnacher, RN, TC</p> <p>Census Bed Type: SNF: 20 SNF/NF: 119 Total: 139</p> <p>Census Payor Type: Medicare: 24</p>	F000000		

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>Medicaid: 80 Other: 35 Total: 139</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 07/30/2013 by Brenda Nunan, RN.</p>				

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F000157 SS=D	<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 a resident's family when a resident had a significant change in condition for 1 of 5 residents reviewed for</p>	F000157	1.What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident E no longer resides at the facility.	08/09/2013			

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	<p>family/physician notification (Resident E).</p> <p>Findings include:</p> <p>Resident E's record was reviewed on 7/24/2013 at 2:00 P.M. Resident E was admitted to the facility on 6/27/2013, from an Assisted Living facility. Resident E had diagnoses which included, but were not limited to, respiratory disease, urine retention, hypo-potassium, chronic pain, dementia without behavior disturbance, congestive heart failure (CHF), hypertension, and diabetes mellitus. Resident E was a full code.</p> <p>An admission observation note dated 6/27/2013-2:55 P.M., indicated on admission, Resident E was not experiencing symptoms of acute illness or exacerbation of a chronic illness.</p> <p>An observation note dated 6/27/2013-3:11 P.M., indicated Resident E was alert, friendly, oriented to time and person, answered questions readily, had upper and lower body weakness, used oxygen at 2 liters per N/C (nasal cannula), had diminished lung sounds in the lower right lung fields, and had a regular heart rhythm. This</p>		<p>2.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>All Residents have the potential to be affected by the alleged deficient practice. The DNS and /or designee will conduct a staff in service on notification of changes completed By 8-9-13 and ongoing. Any significant changes will be communicated with family and MD per ASC policy.</p> <p>3.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>In service completed by 8/9/13 which included resident assessment related to change of condition and proper documentation of assessments as well as notification of MD and family related to changes of condition per ASC policy. If NP not available, Medical Director must be contacted if contact was not made with treating clinician. Daily activity report which includes all nurses' notes and open events will be reviewed by DNS or designee on a daily basis. Daily rounds and review of new orders will be done by DNS/Designee to ensure that appropriate notification has occurred. Lab tracking form will be completed daily by Unit Manager/Weekend Supervisor to ensure notification was made of</p>		

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	<p>note indicated her vitals were stable with an oxygen saturation of 96 % on 2 liters of O2 (oxygen).</p> <p>A progress note dated 7/6/2013-7:16 A.M., indicated, "Resident started complaining of nausea around 3:00 am. Resident does not have nausea medicine so a cool cloth was provided and a basin. She did not have any further complaints other than her back hurting after interventions were implemented. Aide came to me because when resident got up to go to the bathroom she became fatigued and said she could not stand up. Resident was in restroom sitting in her wheelchair when I arrived without O2 on. V/S [vitals] assessed and O2 level was at 67%. Resident [sic] was taken back to bed and O2 put back on. O2 saturation went back up to 91% but went back and forth between mid-80's and low-90's." The record lacked documentation which indicated the physician and family were notified of the resident's fatigue and decreased O2 saturation.</p> <p>A progress note dated 7/6/2013-8:05 A.M., indicated, "Resident more tired than usual, opens eyes to name, lung fields congestion noted bilat [bilateral] with rales in left lung field. O2 on at 2 liters. Dr. notified and new orders</p>		<p>any resulting changes.</p> <p>4.How the corrective actions will be monitored to ensure the deficient practice will not occur. To ensure compliance the DNS/Designee is responsible for CQI tool (change of condition) weekly x 4 weeks, bi monthly x2 months and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI Committee. If the threshold of 100% is not achieved, an action plan will be developed to assure compliance.</p>				

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	<p>received. The record lacked documentation which indicated the Resident E's family was notified of the respiratory congestion and fatigue.</p> <p>A vital report sheet indicated on 7/6/2013-8:15 A.M., Resident E's O2 saturation was 88% on 2 liters. This note indicated the acceptable range was 90-100%. At this time Resident E's temperature was documented 99.4 F [Fahrenheit]. Documentation was lacking which indicated Resident E's family was notified of the low O2 saturation or the elevated temperature.</p> <p>A progress note dated 7/6/2013-11:00 A.M., indicated, "Chest X-ray results show acute CHF [congestive heart failure]. [NP named] paged." The record lacked documentation which indicated the facility notified Resident E's family of the chest X-ray results.</p> <p>A record titled "Medlab", indicated on 7/6/2013 at 11:45 A.M., Resident E had a blood test. This record indicated the results were reported to the facility on 7/6/2013 at 2:45 P.M. The record indicated the NP was notified of the critical lab K+ 6.5 "around 6:30" (3 hours and 45 minutes later). The record lacked documentation which indicated the</p>			

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	<p>facility notified Resident E's family of the abnormal lab results.</p> <p>A progress note made as a late entry on 7/7/2013 at 2:54 P.M., indicated, "On 7/6/2013 around 630 P.M. critical lab K+ 6.5 [potassium] called to [NP named], noted labs abnormal and asked if [NP named] want lab faxed to her. Lab results faxed to [NP named] and [physician named]. Reported to relief nurse labs faxed and awaiting orders. Refused PM meal."</p> <p>Web address: <a href="http://www.webmd.com/a-to-z-guides/hyperkalemia-causes-symptoms-treatments">http://www.webmd.com/a-to-z-guides/hyperkalemia-causes-symptoms-treatments</a>, reviewed on 07/28/2013 at 6:00 p.m. indicated the following: " ...If you have hyperkalemia, you have too much potassium in your blood. Your body needs a delicate balance of potassium to help the heart and other muscles work properly. But too much potassium in your blood can lead to dangerous, and possibly deadly, changes in your heart rhythm. Too much potassium in your blood can affect how your heart works. Symptoms of hyperkalemia can include: Abnormal heart rhythm -- arrhythmia-abnormal-heart-rhythm that can be life-threatening, Slow heart rate, Weakness...Hyperkalemia</p>				

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	<p>is a common cause of life-threatening heart rhythm changes, or cardiac arrhythmias. It can lead to an emergency condition called ventricular fibrillation. In this condition, the lower parts of your heart flutter rapidly instead of pumping blood. Untreated, an extremely high amount of potassium in your blood can make your heart stop beating, causing death.... "</p> <p>Web address: <a href="http://www.webmd.com/a-to-z-guides/potassium-k-in-blood">http://www.webmd.com/a-to-z-guides/potassium-k-in-blood</a>, reviewed on 07/28/2013 at 6:00 p.m. indicated normal potassium levels for adults was 3.5-5.2 milliequivalents per liter (mEq/L).</p> <p>During an interview on 7/24/2013 at 2:22 P.M., the DON (Director of Nursing) was asked to provide documentation which indicated Resident E's family was notified of her condition changes.</p> <p>During an interview on 7/25/2013-9:15, with the ED, DON, and ADON (Assistant Director of Nursing) present, the ED indicated Resident E's family was not notified of her condition changes.</p> <p>3.1-5(a)(2)</p>			

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F000309 SS=G	<p><b>483.25</b>  <b>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b>  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a resident received appropriate monitoring, assessments, and necessary emergency intervention when a resident presented with a conscience decline, acute congestive heart failure, below normal oxygen saturation, and a critical elevated potassium level which, if treated, could have prevented her death (Resident E). This deficient practice affected 1 of 5 residents reviewed for quality of care and nursing services.</p> <p>Findings include:</p> <p>Resident E's record was reviewed on 7/24/2013 at 2:00 P.M. Resident E was admitted to the facility on 6/27/2013, from an Assisted Living facility. Resident E had diagnoses which included, but were not limited to, respiratory disease, urine retention, hypo-potassium, chronic pain, dementia without behavior disturbance, congestive heart failure</p>	F000309	<p>1.What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident E no longer resides at the facility.</p> <p>2.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. The DNS and /or designee will conduct a staff in service on notification of changes completed By 8-9-13 and ongoing. Any significant changes will be communicated with family and MD per ASC policy.</p> <p>3.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? In service completed by 8/9/13 which included resident assessment related to change of condition and proper documentation of assessments as well as notification of MD and</p>	08/09/2013	

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	<p>(CHF), hypertension, and diabetes mellitus. Resident E was a full code.</p> <p>An admission observation note dated 6/27/2013-2:55 P.M., indicated on admission, Resident E was not experiencing symptoms of acute illness or exacerbation of a chronic illness.</p> <p>An observation note dated 6/27/2013-3:11 P.M., indicated Resident E was alert, friendly, oriented to time and person, answered questions readily, had upper and lower body weakness, used oxygen at 2 liters per N/C (nasal cannula), had diminished lung sounds in the lower right lung fields, and had a regular heart rhythm. This note indicated her vitals were stable with an oxygen saturation of 96 % on 2 liters of O2 (oxygen).</p> <p>An observation note dated 6/28/13-1:30 A.M., indicated, Resident E was alert, oriented to time place, and person, had lower body weakness, used oxygen, had breath sounds described as wheezes-upper left and right lobes, and had a regular heart rhythm. This note indicated Resident E's O2 saturation was 96% on oxygen at 2 liters.</p>		<p>family related to changes of condition per ASC policy. If NP not available, Medical Director must be contacted if contact was not made with treating clinician. Daily activity report which includes all nurses' notes and open events will be reviewed by DNS or designee on a daily basis. Daily rounds and review of new orders will be done by DNS/Designee to ensure that appropriate notification has occurred. Lab tracking form will be completed daily by Unit Manager/Weekend Supervisor to ensure notification was made of any resulting changes.</p> <p>4.How the corrective actions will be monitored to ensure the deficient practice will not occur. To ensure compliance the DNS/Designee is responsible for CQI tool (change of condition) weekly x 4 weeks, bi monthly x2 months and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI Committee. If the threshold of 100% is not achieved, an action plan will be developed to assure compliance.</p>		

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	<p>A vital flow record indicated on 6/28/2013 at 3:42 P.M., Resident E's O2 saturation was 97% on 2 liters of oxygen. A vitals report record indicated on 6/30/2013 at 1:51 P.M., Resident E's oxygen saturation was 100%. Documentation was lacking of Resident E's O2 saturation levels on June 29, 2013 and July 1-July 5, 2013.</p> <p>A progress note dated 7/6/2013-7:16 A.M., indicated, "Resident started complaining of nausea around 3:00 am. Resident does not have nausea medicine so a cool cloth was provided and a basin. She did not have any further complaints other than her back hurting after interventions were implemented. Aide came to me because when resident got up to go to the bathroom she became fatigued and said she could not stand up. Resident was in restroom sitting in her wheelchair when I arrived without O2 on. V/S [vitals] assessed and O2 level was at 67%. Resident was taken back to bed and O2 put back on. O2 saturation went back up to 91% but went back and forth between mid-80's and low-90's." Documentation of a lung assessment was lacking at this time.</p> <p>A progress note dated 7/6/2013-8:05</p>						

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	<p>A.M., indicated, "Resident more tired than usual, opens eyes to name, lung fields congestion noted bilat [bilateral] with rales in left lung field. O2 on at 2 liters. Dr. notified and new orders received."</p> <p>A vital report sheet indicated on 7/6/2013-8:15 A.M., Resident E's O2 saturation was 88% on 2 liters. This note indicated the acceptable range was 90-100%. Documentation was lacking the O2 was increased to maintain O2 saturation within the acceptable range. At this time Resident E's temperature was documented 99.4 F [Fahrenheit].</p> <p>A progress note dated 7/6/2013-11:00 A.M., indicated, "Chest X-ray results show acute CHF [congestive heart failure]. [NP] (Nurse Practitioner named) paged."</p> <p>A progress note made as a late entry on 7/7/2013 at 2:54 P.M., indicated, "ON 7/6/2013 around 630 P.M. critical lab K+ 6.5 [potassium] called to [NP (nurse practitioner) named], noted labs abnormal and asked if [NP named] want lab faxed to her. Lab results faxed to [NP named] and [physician named]. Reported to relief nurse labs faxed and awaiting orders. Refused PM meal."</p>						

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	<p>Web address: <a href="http://www.webmd.com/a-to-z-guides/hyperkalemia-causes-symptoms-treatments">http://www.webmd.com/a-to-z-guides/hyperkalemia-causes-symptoms-treatments</a>, reviewed on 07/28/2013 at 6:00 p.m. indicated the following: " ...If you have hyperkalemia, you have too much potassium in your blood. Your body needs a delicate balance of potassium to help the heart and other muscles work properly. But too much potassium in your blood can lead to dangerous, and possibly deadly, changes in your heart rhythm. Too much potassium in your blood can affect how your heart works. Symptoms of hyperkalemia can include: Abnormal heart rhythm -- arrhythmia-abnormal-heart-rhythm that can be life-threatening, Slow heart rate, Weakness...Hyperkalemia is a common cause of life-threatening heart rhythm changes, or cardiac arrhythmias. It can lead to an emergency condition called ventricular fibrillation. In this condition, the lower parts of your heart flutter rapidly instead of pumping blood. Untreated, an extremely high amount of potassium in your blood can make your heart stop beating, causing death.... "</p> <p>Web address:</p>						

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NAME OF PROVIDER OR SUPPLIER  COUNTRYSIDE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 762 N DAN JONES RD AVON, IN 46123		
(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	
	<p><a href="http://www.webmd.com/a-to-z-guides/potassium-k-in-blood">http://www.webmd.com/a-to-z-guides/potassium-k-in-blood</a>, reviewed on 07/28/2013 at 6:00 p.m. indicated normal potassium levels for adults was 3.5-5.2 milliequivalents per liter (mEq/L).</p> <p>The record lacked documentation the facility followed up with the NP after critical lab orders were faxed to her. The record lacked documentation the facility monitored/assessed Resident E's, cognitive status, breath sounds, blood sugar, or vitals [including oxygen saturation] after the initial condition change with abnormal O2 saturation, elevated temperature, increased malaise, and congested lung fields were noted on 7/6/2013 at 8:05 A.M. and 8:15 A.M.</p> <p>The next progress note was dated 7/7/2013-7:00 A.M., indicated, "Writer entered room for routine blood sugar check at which time resident was unresponsive, no heart rate, or respiration, warm to touch, resident a full code, CPR [cardio- pulmonary resuscitation], initiated [sic] at 4:55 am, sent cna [certified nursing assistant] to get another nurse, 911 called, 510 am paramedics arrived at which time took over CPR, 2 doses of Epinephrine given per paramedics and resident intubated without</p>				

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	<p>success, time of death called at 524 am, family called at 528 am spoke to daughter [daughter named], MD [doctor] and DNS [Director of Nursing Services ] and Funeral home notified, post mortem care given, funeral home at facility at 700 am and remains released per order."</p> <p>During an interview on 7/24/2013 at 2:22 P.M., the DON (Director of Nursing) was asked to provide documentation of Resident E's vital signs, nursing notes, physician orders, assessments, communication with the NP and/or MD from the time of her admission and documentation the family was notified of her condition change. During this interview the DON indicated, if a resident had an emergent condition change, the nurses were supposed to send the resident to the emergency room and then call the doctor. They were not to wait for the doctor to call them. They were also to call her and they did not do either for this situation.</p> <p>During an interview on 7/24/2013 at 2:30 P.M., the Executive Director [ED], indicated the facility nurse's were reluctant to question [NP] named. He indicated this case was reviewed and they had found when</p>						

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	<p>the nurse called the [NP] with the critical values she did not think they were accurate so she requested the results be faxed to her. The nurse faxed the results to her however, when the NP did not call back with orders, the nurse did not follow up with her to see what needed to be done.</p> <p>During a telephone interview on 7/24/2013-5:25 P.M., the facility's Medical Director indicated, the facility notified his NP of the condition change and she ordered test which included labs and a chest x-ray. She was notified of the abnormal chest x-ray but was waiting on the lab results.</p> <p>During a telephone interview on 7/24/2013-5:43 P.M., the facility's Medical Director indicated, his NP indicated to him, the facility called her with Resident E's critical lab values. She was busy at the time so she asked them to fax the hard copy. She fell asleep and did not review the faxed copy. The Medical Director indicated his NP indicated to him she should have treated the high potassium level. The Medical Director also indicated he would have treated the critically high potassium level and the facility should have</p>				

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	<p>called the NP back or called him. The Medical Director stated, "She most likely died from a MI [heart attack]."</p> <p>During an interview on 7/25/2013-9:15, with the ED, DON, and ADON (Assistant Director of Nursing) present, the ED indicated the nurse did not follow up or attempt to call the NP back, they did not have documentation the nurse assessed Resident E from the time of the condition change until she was found non-responsive the next morning, and they did not notify the family of the condition change.</p> <p>This Federal tag relates to Complaint(s) IN00131254 and IN00132851.</p> <p>3.1-37(a)</p>				