

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155746	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/13/2014
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NAME OF PROVIDER OR SUPPLIER PARKVIEW HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CONSTITUTION DR FRANCESVILLE, IN 47946
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: June 9, 10, 11, 12 & 13, 2014</p> <p>Facility number: 000539 Provider number: 155746 AIM number: 100267280</p> <p>Survey team: Julie Ferguson, RN-TC Jennifer Redlin, RN Caitlyn Doyle, RN Heather Hite, RN (06/09, 06/10, 06/11, 06/12, 2014) Jan Kulik, RN (06/10/14)</p> <p>Census bed type: SNF/NF: 37 Residential: 23 Total: 60</p> <p>Census Payor type: Medicare: 2 Medicaid: 29 Other: 29 Total: 60</p>	F000000	<p>The preparation and execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of the federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care. Furthermore, the operation and licenser of the long term care facilities, and this plan of correction in its entirety, constitutes this provider's allegation of compliance. Completion dates are provided for the procedural preceding purposes to comply with state and federal regulations, and correlate with the most recent contemplated or accomplished corrective action. These dates do not necessarily correspond chronologically to the date the provider is under the opinion it was in the requirements of participation or that the corrective action was necessary. We are requesting a desk review.</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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F000282 SS=D	<p>Residential sample: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 17, 2014, by Janelyn Kulik, RN.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review and interview, the facility failed to follow the care plan related to monitoring bruises for residents who were at risk for bruising for 1 of 3 residents reviewed for non pressure related skin conditions of the 5 residents who met the criteria for non pressure related skin conditions. (Resident #29)</p> <p>Findings include:</p> <p>1. On 6/10/14 at 10:00 a.m., Resident #29 was observed sitting in her wheelchair (w/c) in her room. At that time, two</p>	F000282	<p>to clear any and all proposed or implemented remedies that have been presented to date</p> <p>1.Immediate action for resident identified: Res#29 had no ill effect from the deficiency cited. Care plan and treatmentsordered were reviewed. CNA assignment sheets reviewed and updated for high riskfor bruising.</p> <p>2.How facility will identify other residents: On6/23/2014 Care Plans were audited for residents that are high risk for bruises.</p> <p>3.System changes: Res found to have high risk forbruising as indicated by care plan will have a peach magnet placed on light abovebed as an indicator for high risk for bruising. The Bruise/skin tear policy andprocedure has</p>	06/26/2014			

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	<p>small red bruised areas were noted to her right forearm. At this time the Resident indicated she was unsure how she obtained the bruises. She further indicated she did take a blood thinner medication.</p> <p>On 6/10/14 2:55 p.m., Resident #29 was observed sitting in her w/c at a table in the main dining/ gathering area waiting for a music activity to begin. Two small reddish-brownish bruises were noted to her outer right forearm.</p> <p>On 6/11/14 at 11:25 a.m., Resident #29 was observed sitting at a table in the main DR (Dining Room) eating grapes, waiting for lunch service. Two small reddish-brownish bruises were noted to her outer right forearm.</p> <p>On 6/11/14 at 2:20 p.m., the resident was observed sitting in her w/c with Physical Therapy Aide (PTA) #1 outside the therapy room. Two small bruised areas were noted to her outer right forearm. PTA #1 indicated at that time she had noticed them yesterday, but wasn't positive if it was something new. The resident indicated "I'm not sure how that happened."</p> <p>On 6/11/14 3:00 p.m., QMA #1 checked Resident #29's skin while she was resting</p>		<p>been updated to add intervention of peach magnet for residents that are high risk for bruising. CNA assignment sheets include instructions to observe for bruising and to notify the nurse if bruises are found. A nursing measure is included on each high risk for bruising residents treatment sheet for the nurse to monitor for bruising each shift. The Stop and Watch interact tool which includes change in skin color or condition is to be documented and the nurse is to be notified has been implemented on 6-26-14. All staff were in-serviced on 6/25/2014 on preventing bruises and reporting bruises to charge nurse and on updated bruise/skin tear policy and procedure to include the peach magnet. Nursing staff were in-serviced on monitoring for bruises while rendering care and notifying the nurse as soon as noted and on new policy and procedure on Interact stop and watch form on 6-25-14.</p> <p>4. How the corrective action will be monitored: For one month on a weekly basis the DON or designee will randomly pick 3 residents that are high risk for bruising and complete a skin assessment checking for any bruising. When 100% compliance is met for 4 consecutive weeks the DON or designee will randomly pick 3 residents that are high risk for</p>		

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	<p>in her recliner in her room. QMA #1 indicated she visualized two red/ brown areas to the resident's right forearm and didn't think it was anything new for the resident, but will have the nurse who was more familiar with the resident look at her arm.</p> <p>The record for Resident #29 was reviewed on 6/11/14 at 9:20 a.m. the resident's diagnoses included, but were not limited to, atrial fibrillation, diabetes mellitus type 2, edema to legs, and gout.</p> <p>Review of the current care plan indicated the resident was on Coumadin (blood thinner medication) and has an increased risk of bleeding and bruising. Interventions included, administer Coumadin per physician order, monitor for s/s (signs/ symptoms) of adverse reaction to Coumadin such as bleeding or bruising, and monitor PT/ INR (lab test related to blood thinner level) per physician orders.</p> <p>Review of the Current Physician Orders indicated:</p> <ul style="list-style-type: none"> - Monitor for bruising every shift - Coumadin 3 mg (milligrams) daily x 3 days then hold 1 day - Coumadin 4 mg daily every 4th day (3 mg, 3 mg, 3 mg, 4 mg rotation) 		bruising and complete a skin assessment checking for any bruising once a month when 3 consecutive months occur with 100% compliance the Quality Assurance committee will then decide on further monitoring need and frequency. Monthly reports will be provided to the committee for review.	

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	<p>Review of the Treatment Administration Records (TARs) for 5/29/14 through 6/11/14 indicated "monitor for bruising q (every) shift" had been signed off as ordered, no indication of any new bruising found.</p> <p>Review of the Progress Notes and Events Notes for June 2014 indicated no mention of any bruising to Resident #29's right forearm.</p> <p>An Event Note was added on 6/11/14 at 3:35 p.m. following a skin assessment by LPN #1. The Event Note indicated: Bruise rt (right) forearm. Physical description: 1.2 x 0.7cm bruise on rt forearm. also noted dry/ patchy area 1cm x 0.5cm on rt forearm with small raised area in center. Color of bruise: ecchymosis - large irregularly formed hemmoraghic areas. Character: no swelling Pain at site: no pain Activity during bruise occurrence: unknown</p> <p>An interview with LPN #1 on 6/11/14 at 3:25 p.m., indicated QMA #1 and PTA #1 had both just brought the areas of Resident #29's right forearm to her attention as she came on shift this afternoon. She further indicated she had last worked on Friday and the</p>			

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	<p>area was new since then, but did not get passed on in report. She considered it a new bruise measuring 1.2 cm x 0.7 cm.</p> <p>An interview with the Director of Nursing (DoN) on 6/12/14 at 11:25 a.m. regarding the bruise to Resident #29's right forearm, indicated the expectation with every shift skin check was to document as completed on the TAR & if anything new was noted, then write in a Progress Note & / or an Event Note. She further indicated the bruise to her right forearm should have been documented and the resident was on Coumadin and a risk for bleeding and bruising.</p> <p>3.1-35(g)(2)</p>			

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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 observation, record review and interview, the facility failed to ensure each resident received the necessary treatment and services related to the monitoring and assessment of bruises for 2 of 3 residents reviewed for non pressure related skin conditions of the 5 residents who met the criteria for non pressure related skin conditions. (Residents #29 and #2)</p> <p>Findings include:</p> <p>1. On 6/10/14 at 10:00 a.m., Resident #29 was observed sitting in her wheelchair (w/c) in her room. At that time, two small red bruised areas were noted to her right forearm. The resident indicated she was unsure how she obtained the bruises. She further indicated she did take a blood thinner medication.</p> <p>On 6/10/14 2:55 p.m., Resident #29 was observed sitting in her w/c at a table in the main dining/ gathering area waiting for a music activity to begin. Two small</p>	F000309	<p>1.Immediate action for resident identified: Res#29 had head to toe assessment performed on 06/11/2014, alleged bruises documented and MD and family notified. Res # 2 had head to toe assessment completed on 06/10/2014, bruise noted, and MD and family notified. They had no ill effects from deficiency cited.</p> <p>2.How the facility will identify other residents: Full skin assessment were completed on all residents, any bruises noted were documented and MD and family were notified by 06/13/2014</p> <p>3.System Changes: All staff were in-service on elder skin including; high risk for bruising, skin changes in elderly, preventing and reporting bruises the In-service included implementing the stop and watch early warning tool from the INTERACT program including the policy and procedure for implementing the tool. In-service also included retraining on updated policy and procedure for bruises. All in-services were</p>	06/26/2014			

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	<p>reddish-brownish bruises were noted to her outer right forearm.</p> <p>On 6/11/14 at 11:25 a.m., Resident #29 was observed sitting at a table in the main DR (Dining Room) eating grapes, waiting for lunch service. Two small reddish-brownish bruises were noted to her outer right forearm.</p> <p>On 6/11/14 at 2:20 p.m., the resident was observed sitting in her w/c with Physical Therapy Aide (PTA) #1 outside the therapy room. Two small bruised areas were noted to her outer right forearm. PTA #1 indicated at that time she had noticed them yesterday, but wasn't positive if it was something new. The resident indicated "I'm not sure how that happened."</p> <p>On 6/11/14 3:00 p.m., QMA #1 checked Resident #29's skin while she was resting in her recliner in her room. QMA #1 indicated she visualized two red/ brown areas to her right forearm and didn't think it was anything new for the resident, but will have the nurse who was more familiar with the resident look at her arm.</p> <p>The record for Resident #29 was reviewed on 6/11/14 at 9:20 a.m. The resident's diagnoses included, but were not limited to, atrial fibrillation, diabetes</p>		<p>completed 6/25/2014.</p> <p>4.How the corrective action will be monitored: For one month on a weekly basis the DON or designee will randomly pick 3 residents and do head to toe skin assessment checking for any bruising. When 100% compliance is met for 4 consecutive weeks the DON or designee will choose 3 random picked residents and complete a skin assessment once a month checking for bruising. When 3 consecutive months occur with 100% compliance the Quality Assurance committee will then decide on further monitoring need and frequency. Monthly reports will be provided to the committee for review.</p>				

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	<p>mellitus type 2, edema to legs, and gout.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated 3/24/14 indicated the resident was cognitively intact.</p> <p>Review of the current care plan indicated the resident was on Coumadin (blood thinner medication) and has an increased risk of bleeding and bruising. Interventions included, administer Coumadin per physician order, monitor for s/s (signs/ symptoms) of adverse reaction to Coumadin such as bleeding or bruising, and monitor PT/ INR (lab test related to blood thinner level) per physician orders.</p> <p>Review of the Current Physician Orders indicated: - Monitor for bruising every shift - Coumadin 3 mg (milligrams) daily x 3 days then hold 1 day - Coumadin 4 mg daily every 4th day (3 mg, 3 mg, 3 mg, 4 mg rotation)</p> <p>Review of the Treatment Administration Records (TARs) for 5/29/14 through 6/11/14 indicated "monitor for bruising q (every) shift" had been signed off as ordered, no indication of any new bruising found.</p> <p>Review of the Progress Notes and Events</p>			

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	<p>Notes for June 2014 indicated no mention of any bruising to Resident #29's right forearm.</p> <p>An Event Note was added on 6/11/14 at 3:35 p.m. following a skin assessment by LPN #1. The Event Note indicated: Bruise rt (right) forearm. Physical description: 1.2 x 0.7cm bruise on rt forearm. also noted dry/ patchy area 1cm x 0.5cm on rt forearm with small raised area in center. Color of bruise: ecchymosis - large irregularly formed hemmoraghic areas. Character: no swelling Pain at site: no pain Activity during bruise occurrence: unknown</p> <p>An interview with LPN #1 on 6/11/14 at 3:25 p.m., indicated QMA #1 and PTA #1 had both just brought the areas to Resident #29's right forearm to her attention as she came on shift this afternoon. She further indicated she had worked last on Friday and the area was new since then, but did not get passed on in report. She considers it a new bruise measuring 1.2 x 0.7 cm.</p> <p>An interview with the Director of Nursing (DoN) on 6/12/14 at 11:25 a.m. regarding the bruise to Resident #29's right forearm, indicated the expectation</p>			

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	<p>with every shift skin check was to document as completed on the TAR & if anything new was noted, then write in a Progress Note & / or an Event Note. She further indicated the bruise to her right forearm should have been documented and the resident was on Coumadin and a risk for bleeding and bruising.</p> <p>2. During an observation of Resident #2 on 6/9/14 at 3:17 p.m., the resident was laying in her bed with a short sleeved top on with both arms exposed. At this time a green discoloration was observed to the top of the resident's left forearm. The resident indicated she believed the discoloration came from having her blood drawn.</p> <p>During an observation of Resident #2 on 6/10/14 at 2:37 p.m., the resident was laying in her bed with a short sleeved top on with both arms exposed. At this time a green discoloration was still observed to the top of the resident's left forearm.</p> <p>A record review for Resident #2 was done on 6/10/14 at 2:14 p.m. The diagnoses included, but were not limited to, dementia, atrial fibrillation, chronic pain, and muscle weakness. A Quarterly Minimum Data Set (MDS) Assessment done 3/24/14 indicated the resident was cognitively</p>			

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	<p>impaired and required limited 1 person assist for bed mobility, transfers and Activities of Daily Living (ADLs).</p> <p>During an interview with Resident #2 on 6/9/14 at 3:17 p.m., the resident was able to answer questions appropriately to be interviewed.</p> <p>A nursing note on 5/27/14 at 5:57 a.m., indicated the resident had blood work drawn from her left forearm.</p> <p>A nursing note on 6/10/14 at 3:13 p.m., indicated the resident had a bruise to her left forearm measuring 3 centimeters (cm) x 1 cm. The resident indicated it was from a lab draw and denied any pain or discomfort.</p> <p>An event titled Skin Integrity Events/Bruise was completed by LPN #2 on 6/10/14 at 3:04 p.m. The assessment was for Resident #2 and consisted of a yellowish green bruise measuring 3 cm x 1 cm to the left forearm. No swelling or pain was noted. The resident indicated it was from a lab draw.</p> <p>A Point of Care History report documented by the CNAs for</p>			

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	<p>Resident #2 for the dates of 6/7/14 through 6/13/14 indicated the resident had "none of the above" answered for skin problems.</p> <p>The resident's record lacked documentation the discoloration to the forearm had been addressed or assessed until brought to the facilities attention of the discoloration to Resident #2's forearm.</p> <p>During an interview with CNA #1 on 6/10/14 at 2:40 p.m., she indicated the CNA's observe residents skin when they do resident care and would report to the nurse any redness, open areas or bruises right away. She further indicated she was unaware of any discolorations the resident had.</p> <p>During an interview with LPN #2 on 6/10/14 at 2:42 p.m., indicated the nurses do weekly skin assessments on residents. The CNAs check residents skin when they do resident care and notify the nurse of any bruising, skin tears, or open areas. She further indicated she was unaware the resident had any discolorations.</p> <p>During an Interview with the Director of Nursing (DoN) on 6/12/14 at 4:00</p>			

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F000431 SS=E	<p>p.m., indicated the resident was able to tell her wants and needs but was a poor historian. She also indicated the resident was able to tell you things that happened recently but unable to tell you things that happened a couple months ago. She indicated Resident #2 got the bruise on her left forearm from a lab draw. She further indicated the staff should have noticed the resident's bruise and documented an event and/or a progress note.</p> <p>3.1-37(a)</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 date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and</p>						

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	<p>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 expired treatment ointments, creams and a treatment shampoo was not in use for 2 of 2 treatment carts and proper medication labeling for 1 of 26 medications given to 1 of 13 residents observed during the Medication Administration Observation. (North Hall, East Hall, Resident #14, #28, #10, #29 and #24)</p> <p>Findings Include:</p> <p>1. On 6/12/14 at 2:05 p.m., expired treatment ointments, creams, and a treatment shampoo were observed in the East Hall Treatment Cart. Resident #14's Bacitracin Zinc Ointment was labeled with an expiration date of 2/2014. Resident #14's White Petrolatum Skin Protectant was labeled with an expiration</p>	F000431	<p>1.</p> <p>1.Immediate action: Res #24 had no ill effects from deficiency cited. QMA did a proper triple check of ordered medication that had a mislabeled time and medication was delivered. Res #14, #28, #10, #29, and #24 had no ill effects from the deficiency cited. Treatments that were found to be expired were removed from treatment cart and destroyed.</p> <p>2.How the facility will identify other storing or labeling issues: All treatment and medication carts had full inspection on 6/23/2014 for expired or discontinued medication and any expired or discontinued medications were properly returned or destroyed when found. Nurses and QMAs did a proper triple check before medication delivery to ensure proper labeling of medication and the medication found to be mislabeled were written on the</p>	06/26/2014

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	<p>date of 4/2013. Resident #28's Ketoconazole Shampoo was labeled with an expiration date of 7/2013. Resident #10's Ketoconazole Cream was labeled with an expiration date of 9/2013.</p> <p>On 6/12/14 at 2:21 p.m., an expired ointment was observed in the North Hall Treatment Cart. Resident #29's Triple Antibiotic Ointment was labeled with an expiration date of 3/2014.</p> <p>During an interview with QMA #2 at 2:17 p.m. on 6/12/14, she indicated the items were expired and should have been disposed of.</p> <p>During an interview with the Director of Nursing (DoN) at 10:45 a.m. on 6/13/14, she indicated the treatment medications were expired.</p> <p>A facility policy titled Storage of Medications, undated, and received as current from the DoN, indicated "...4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed..."</p> <p>2. During an observation of a medication administration pass on 6/11/14 at 4:23 p.m., QMA #1 prepared Resident #24's</p>		<p>Quality Assurance form and pharmacy was notified immediately.</p> <p>3.System Changes: Quality Assurance forms providedby In Touch Pharmacy are now located on each medication cart and staff will use these forms to communicate to pharmacy any medication or treatment related issues such as mislabeling time so pharmacy may correct issue and replace medication. Once a week on Mondays the midnight nurse will do complete audit of medication carts for discontinued or expired medication. Once a week on Wednesday the midnight nurse will do complete audit of the treatment cart. The nurses andQMAs were in-serviced on use of QA form and reeducated on triple check of medication to ensure proper labeling on 6-25-14</p> <p>4.How the corrective action will be monitored. DON or designee will audit treatment and medication cart once every two weeks checking for expired or discontinued treatments/medications after 100% compliance for 2 consecutive audits are complete DON or designee will do audit of medication and treatment cart monthly to check for expired/discontinued medications/treatments after 100% compliance for three consecutive months the Quality Assurance committee will decide</p>		

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	<p>medications, which included Ultracet (a pain medication) 37.5-325 milligrams (mg) and Calcium (a supplement) 500 mg.</p> <p>QMA #1 administered the medications to Resident #24.</p> <p>Resident #24's record was reviewed on 6/11/14 at 4:30 p.m. The resident's diagnoses included, but were not limited to, osteoarthritis, hypertension, and osteoporosis.</p> <p>The Physician's Orders, dated 6/2014, indicated an order for Simvastatin (a cholesterol medication) 20 mg, once a day at 5:00 p.m.</p> <p>During an interview with QMA #1 at 5:16 p.m. on 6/11/14, she indicated she had not given the Simvastatin medication as ordered. At this time QMA #1 looked in the medication cart and the Simvastatin medication was still in the packet on the medication roll. QMA #1 indicated she had not given the Simvastatin medication because the medication packet label had an administration time of 8:00 p.m. printed on it. She further indicated the medication label said 8:00 p.m. but the medication should have been given at 5:00 p.m.</p>		<p>theneed and frequency of further audits. Quality Assurance committee will beprovided with a report at monthly meeting. Consultant pharmacist from In TouchPharmacy will do audit of treatment carts in the month of July and Medicationcarts in the month of August and provide reports at the monthly QualityAssurance meeting. Oncea week for four weeks the DON or designee will randomly choose and auditmedication pass looking for proper triple check and use of pharmacy QA forms. When100% compliance met DON or designee will randomly choose and audit medication passonce monthly for proper triple check and use of QA form. When 100% compliancemet for three consecutive months the Quality Assurance committee will thendecide need and frequency of further checks. Audit reports will be supplied toQuality Assurance committee at monthly meeting.</p>	

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R000000	<p>A facility policy titled Pharmacy Requirements, dated 1/8/08, and received as current from the DoN, indicated "...5)...c) All routine oral solids will be dispensed in patient specific unit dose per hour of administration and with a designated quantity. This cycle will be labeled as followed:...(7) date and time of administration..."</p> <p>A facility policy titled Storage of Medications, undated, and received as current from the DoN, indicated "...3. Drug containers that have missing, incomplete, improper, or incorrect labels shall be returned to the pharmacy for proper labeling before storing..."</p> <p>3.1-25(j) 3.1-25(k)(5)</p> <p>Pakeview Haven was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Survey.</p>	R000000	The preparation and execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is				

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			<p>prepared and executed solely because it is required by the provisions of the federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care. Furthermore, the operation and licenser of the long term care facilities, and this plan of correction in its entirety, constitutes this provider's allegation of compliance. Completion dates are provided for the procedural preceding purposes to comply with state and federal regulations, and correlate with the most recent contemplated or accomplished corrective action. These dates do not necessarily correspond chronologically to the date the provider is under the opinion it was in the requirements of participation or that the corrective action was necessary We are requesting a desk review to clear any and all proposed or implemented remedies that have been presented to date</p>		