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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155651 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 06/24/2014 |
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| F000000 | <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 16, 17, 18, 19, 20, 23, and 24, 2014</p> <p>Facility number: 000353 Provider number: 155651 AIM number: 100291330</p> <p>Survey team: Karyn Homan, RN-TC Patti Allen, SW Dottie Plummer, RN</p> <p>Census bed type: SNF: 11 SNF/NF: 87 Total: 98</p> <p>Census payor type: Medicare: 11 Medicaid: 66 Other: 21 Total: 98</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 25, 2014; by Kimberly Perigo, RN.</p> | F000000 | | |
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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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| F000323 SS=D | <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to ensure residents remained free from accidents for 1 of 4 residents reviewed for accidents in that the facility failed to ensure the appropriate mechanical lift was being used for the resident. (Resident #10)</p> <p>Findings include:</p> <p>An interview dated 6/23/14 at 9:55 a.m., the Director of Nursing (DoN) indicated Resident #10 had been lowered to the floor by two CNAs when they were transferring her to the toilet with a stand assist lift (mechanical lift that provides residents stable assistance while standing, transferring, or toileting). The DoN continued to indicate Resident #10 was assessed to be transferred by the Hoyer lift (mechanical lift used when residents cannot bear any weight), not the stand assist lift.</p> | F000323 | <p>F 323 INCIDENTS AND ACCIDENTS The facility requests paper compliance for this citation. <i>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</i> 1) Immediate Actions taken for those residents identified: · Inserviced facility staff on proper use of hooyer lift and sit to stand. · Reviewed resident CNA care sheets and care plan for accuracy. · Incident report was completed on transfer. 2) How the facility identified other residents: · All residents being transferred with a lift had their transfer assessment reviewed for appropriate lift and no other residents were identified as having incorrect lift transfer utilization. · No other residents were identified as having a transferring incident. 3)</p> | 07/24/2014 |

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| | <p>Resident #10's clinical record was reviewed on 6/20/14 at 3:50 p.m. Diagnoses included, but were not limited to, congestive heart failure (the heart cannot pump enough blood to the rest of the body), chronic obstructive asthma (obstruction to the flow of air out of the lungs), and cerebrovascular accident (sudden death of brain cells due to lack of oxygen).</p> <p>Nurses progress note, dated 6/2/14 at 5:00 p.m., indicated "called to the residents [sig] room by 2 CNA's [sig] stated they were transferring her [Resident #10] to toilet with sit to stand [lift] and resident lost balance and CNA's lowered her to ground on buttocks by sit and stand...."</p> <p>The Transfer Assessment Tool, undated, assessed Resident #10 as "T: These residents cannot sit on the side of the bed and do not bear any significant weight. Therefore a total (hoyerTM type) lift is required to transfer."</p> <p>An interview dated 6/23/14 at 12:07 p.m., the DoN was unable to locate the date the Transfer Assessment Tool was completed. She continued to provide CNA Plan of Care sheets, dated 2/17/14, indicating Resident #10 was to be</p> | | <p>Measures put into place/System changes: · All staff training on proper lift use was done by restorative CNA's. · Facility check offs done on staff and placed in employee files. · All new employees will be trained on proper lifts upon hire, annually and as needed and checked off. · Restorative Nurse Aides will be responsible for training for continuity. Resident Transfer Assessments are completed by licensed nursing staff to determine what type of lift and procedures will be used to transfer each individual resident safely. · Appropriate transferring technique was updated as needed to CNA care sheets. 4) How the Corrective Actions will be monitored: · Transfer assessments will be reviewed during care plan reviews and CNA care sheet updates for proper use. · Audits will be done on 3 resident transfers per week and reviewed in QA monthly x 3 and Quarterly x1 for a total of 6 months. 5) Who is Responsible for Monitoring: · DON/Designee 6) Date of Compliance: · July 24, 2014</p> | | | | |

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| | <p>transferred with the stand assist lift and the CNA Plan of Care sheet, dated 2/19/14, indicating Resident #10 was changed to be transfer with the Hoyer lift.</p> <p>The CNA Plan of Care sheet, dated 6/16/14, indicated Resident #10 was to be transferred with the Hoyer lift.</p> <p>On 6/20/14 at 2:30 p.m., the Director of Nursing provided the facility's policy on Transfers/Positioning Stand Assist Lift, dated 6/2012, and indicated the policy was the one currently used by the facility. The policy indicated, "... General Guidelines: 1. The resident must be able to bear weight on at least one leg and be able to grasp the handle bar with at least one hand...."</p> <p>On 6/23/14 at 10:25 a.m., the Director of Nursing provided the manufacturer's manual for the Medicare Stand, undated. The manual indicated, "... It is important to first determine the appropriateness of this piece of equipment for any patient. The Medicare Stand is intended for resident's who are semi weight-bearing and require some lifting to perform the activities of daily living...."</p> <p>3.1-45(a)(2)</p> | | | | | | |

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| F000431 SS=E | <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>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 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, interview, and record review, the facility failed to ensure</p> | F000431 | F 431 STORAGE OF DRUGS AND BIOLOGICALS The facility | 07/24/2014 |

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| | <p>medications were labeled and stored according to manufactures' recommendations and failed to ensure expired medications were removed from the medication carts for 3 of 3 medication carts reviewed for medication storage. (Station 100 Front Hall Cart, Station 100 Back Hall Cart, and Station 200 Hall Cart)</p> <p>Findings include:</p> <p>1. During a review of Station 100 Front Hall medication cart on 6/23/14 at 9:30 a.m., 2 capsules and 6 and 1/2 tablets were found lying loose in the bottom of the drawers of the cart. The unidentified pills were various colors and sizes and were covered with dust and debris. A build up of dust and debris and dried fluids was found in the drawers. Licensed Practical Nurse (LPN) #1 indicated the unidentified pills should have been labeled in bottles or bubble packaging. LPN #1 indicated the cleaning of the medication carts was supposed to be done by the night shift staff.</p> <p>2. During a review of the Station 100 Back Hall Medication cart on 6/23/14 at 9:45 a.m., 1 capsule and 5 and 1/2 tablets were found lying loose in the drawers. The unidentified pills were various colors</p> | | <p>requests paper compliance for this citation. The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>1. Immediate actions taken for those residents identified:</p> <ul style="list-style-type: none"> · Inserviced licensed staff on the importance of cleanliness of cart. · Detail each medication cart. · Cleaning Scheduled put into place. <p>2. How the facility identified other residents:</p> <ul style="list-style-type: none"> · No residents affected. <p>3. Measure put into place/Systems changes:</p> <ul style="list-style-type: none"> · Weekly Cleaning Schedule. · New QA tech to audit carts monthly from Omnicare. · Liquid cabinet purchased and attached to 2 of 5 carts (station 2 and station 3 back hall) · Cart dividers added to each medication cart to enhance organization. <p>4. How the Corrective Actions will be monitored:</p> <ul style="list-style-type: none"> · Cleaning schedule will be audited by DON or designee every week times 4 weeks then monthly thereafter. · Omnicare QA tech will complete monthly audit to assure cleanliness, organization and proper dates on medications. <p>5. Who is Responsible for Monitoring:</p> <ul style="list-style-type: none"> · DON/Designee <p>6. Date of Compliance:</p> <ul style="list-style-type: none"> · July 24, 2014 | | | | |

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| | <p>and sizes and were covered with dust and debris. Dust and debris and dried fluids were present in the drawers. Qualified Medication Aide (QMA) #2 indicated the pills should not have been loose in the drawers. QMA #2 indicated the medication carts were cleaned by the night shift staff.</p> <p>3. A. During a review of the Station 200 Medication Cart on 6/23/14 at 1:15 p.m., 5 capsules, 11 whole tablets, and 8 pieces of tablets were found lying loose in the drawers. The unidentified pills were various colors and sizes, and were covered with dust and debris. QMA #3 indicated the pills should not have been loose in the drawers and she would discard them. LPN #4 was present during the review of the medication cart and indicated a cleaning schedule for the medication carts was not in place as of 6/23/14.</p> <p>B. During the review of the Station 200 cart, a bottle of donepezil, a medication used to treat dementia, was found behind the bottom drawer of the cart when the drawer was pulled out to check the contents. The fill date on the prescription label was 11/28/12 and indicated the prescription was filled with 90 tablets. The pharmacy label indicated the medication should not be used after</p> | | | | | | |

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| | <p>11/29/13. LPN #4 counted the pills in the bottle and indicated the bottle contained 89 tablets. LPN #4 indicated the medication was filled for Resident #29 and confirmed Resident #29 had a current physician's order for donepezil.</p> <p>On 6/23/14 at 10:40 a.m., the Director of Nursing (DON) provided a policy dated 8/9/11 titled, "Storage and Expiration Dating of Medications, Biologicals, Syringes and Needles," and indicated it was the policy currently used by the facility. In the section titled "<u>Procedure...4. Facility should ensure that medications and biologicals that (1.) have an expiration date on the label...are stored separate from other medications until destroyed...10. Facility should ensure that the medications and biologicals for each resident are stored in the containers in which they were originally received...."</u></p> <p>3.1-25(j) 3.1-25(o)</p> | | | |