

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/16/2015
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NAME OF PROVIDER OR SUPPLIER RESIDENCES AT DEER CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST US 30 SCHERERVILLE, IN 46375
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R000000	<p>This visit was for the Investigation of Complaint IN00162616.</p> <p>Complaint IN00162616- Substantiated. No deficiencies related to the allegation are cited.</p> <p>Unrelated deficiency cited.</p> <p>Survey date: January 16, 2015</p> <p>Facility number: 013069 Provider number: 013069 AIM number: N/A</p> <p>Survey team: Janet Adams, RN-TC</p> <p>Census bed type: Residential: 87 Total: 87</p> <p>Census payor type: Other: 87 Total: 87</p> <p>Sample: 3</p> <p>This State Residential finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on January 20,</p>	R000000	<p>Residences at Deer Creek (the "Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the state of Indiana or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.</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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R000216	<p>2015, by Janelyn Kulik, RN.</p> <p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on observation, record review, and interview the facility failed to ensure appropriate medication administration interventions were implemented based on the assessment of the resident's ability to self administer medications per the facility policy for 1 of 3 residents reviewed for medication administration in the sample of 3. (Resident #D)</p> <p>Findings include.</p>	R000216	Resident#D has not been adversely effected by the findings of this survey. The resident was receiving medications and has no history of medication related adverse events. The power of attorney has been notified that medication bottles must be brought in to ensure licensed staff know the actual medications prior to administration. Licensed staff have been in-serviced on the identification of medication when	02/06/2015

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	<p>On 1/16/15 at 10:25 a.m., LPN #1 opened Resident #D's medication drawer in his room. The drawer was locked and the LPN opened it with a key. The resident resided on the Memory Care secured unit. There were three seven day pill planner containers in the drawer. There were other pill planners in a plastic bag. There were no pills in the morning planner for this day. The LPN indicated the resident's medications were placed in the pill planners by the resident's family member. The LPN indicated the family filled each of the pill planners with the resident's medications and the staff administered them to the resident. The LPN indicated one planner was marked for morning, one for mid-day, and one for evening.</p> <p>The record for Resident #D was reviewed on 1/16/15 at 10:30 a.m. The resident's diagnoses included, but were not limited to, pseudodementia, depression, high blood pressure, and brain dysfunction.</p> <p>The current Physician orders were reviewed. There was an order written on 5/31/13 for staff to watch the resident take the medications.</p> <p>A "Self Administration of Medications" assessment was last completed on</p>		<p>a resident has been assessed as requiring medication administration. The facility identified other residents having the potential to be affected by completing an "Assessment for Self-Administration of Medications." Based on assessment results residents were placed on a Medication Administration package as applicable. All residents on a Medication administration package have been reviewed to ensure medications are received in original containers and labeled with proper medication identification and dosages. The corrective action will be monitored by licensed staff informing family members who have a resident receiving medication administration on the appropriate protocol for identification of medications and that the family is not permitted to set up pills in pill containers. The Director of Nursing or designee will conduct random audits of medication drawers weekly for three months to make sure residents medications are properly identified. The results of the audits will be shared with the Executive Director monthly to determine need for ongoing monitoring</p>				

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	<p>6/11/14. The assessment indicated the resident could not perform the following:</p> <ol style="list-style-type: none"> 1. Correctly read aloud the instructions for the use on the medication container. 2. Correctly state what each medication was for. 3. Correctly state the common side-effects of the each medication. 4. Correctly state the proper dosage of each medication 5. Demonstrate secure storage for medications kept in the room. 6. Correctly state situations warranting administration of PRN (as needed) medications. 7. Correctly document the administration of PRN medications. <p>The assessment indicated the resident was deemed able to safely self administer his own medications.</p> <p>The resident's current Service Plan was reviewed. The Service Plan was completed on 8/2/2014. The Service Plan indicated the resident's Cognition/Mental Status was moderately impaired and the resident needed cues to plan and organize days. The Service Plan also indicated the resident required assistance to administer, organize, and store medications. The Service Plan also indicated placement in the Memory Care unit was the appropriate setting for the resident.</p>			

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	<p>When interviewed on 11:20 a.m., the Interim Director of Nursing indicated Resident #D resided in the Memory Care unit. The Interim Director of Nursing indicated the facility protocol was for staff to administer all medications to the residents on the Memory Care Unit.</p> <p>Further interview with the Interim Director of Nursing indicated the resident's family placed the pills in the resident's pill planner and staff pour the pills into a cup and gave them to the resident. The Interim Director of Nursing indicated the resident's family did not leave the original containers of the scheduled medications in the facility. The Interim Director of Nursing indicated since the staff did not prepare the medications and were not able to view the original containers there was no method to know exactly what the actual medications were.</p> <p>The facility policy titled "Self Administration of Medications" was reviewed on 1/16/15 at 11:20 a.m. The policy was dated 11/1/2014. The Interim Director of Nursing provided the policy and indicated the policy was current. The policy indicated residents who self-administer medications were to be assessed upon admission, semi-annually,</p>			

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	<p>or whenever the resident indicated an initial desire to self administer medications. The policy also indicated Licensed staff were to complete the Self-Administration of Medications assessment on admission, semi-annually, or when the resident indicated an initial desire to self administer medications. The policy also indicated the resident must be able to repeat to Nursing the following:</p> <ol style="list-style-type: none"> 1. The name and dose of each medication. 2. The reason for the medication. 3. Consequences of failure to take the medication. 4. Side effects of the medication. 5. The responsibilities of self-administration 6. Determination of time to re-order. 			