

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155357	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/20/2013
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NAME OF PROVIDER OR SUPPLIER RAWLINS HOUSE HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 J H WALKER DR PENDLETON, IN 46064
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F000000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey dates: May 13, 14, 15, 16, 17, 20, 2013</p> <p>Facility number: 000248 Provider number: 155357 AIM number: 100291470</p> <p>Survey team: Karen Lewis, RN, TC Ginger McNamee, RN Shelly Reed, RN (May 13, 14, 15, 16, and 17, 2013)</p> <p>Census bed type: SNF/NF: 96 Residential: 52 Total: 148</p> <p>Census payor type: Medicare: 18 Medicaid: 57 Other: 73 Total: 148</p> <p>Residential sample: 7</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</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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F000242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on record review and interview, the facility failed to follow a resident's preferences in regards to receiving a bath or a shower for 1 of 15 residents interviewed in regards to making choices. (Resident # 156)</p> <p>Findings include:</p> <p>1.) During an interview on 5/14/13 at 11:02 a.m., Resident #156 indicated she did not like taking showers. She indicated the staff "would talk her into taking a shower."</p> <p>During an interview on 5/16/13 at 1:30 p.m., the Activities Director indicated assessments regarding shower and bath preferences are completed at the time of admission and if there is a significant change in the resident's condition.</p> <p>During an interview on 5/20/13 at 1:28 p.m., RN #1 indicated she knew Resident #156 did not like showers,</p>	F000242	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. <u>Our date of compliance is June 14, 2013</u></p> <p><u>F 242</u> 483.15(b)SELF-DETERMINATION-RIGHT TO MAKE CHOICES -</p> <p>It is the intent of this facility to follow a resident's preferences in regards to receiving a bath or a shower in regards to making choices.</p> <p>1. Resident #156 is receiving</p>	06/14/2013	

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	<p>but her son wanted her to have them. The RN indicated the son wanted his mother kept clean, not that his mother had to have showers.</p> <p>The clinical record for resident #156 was reviewed on 5/16/13 at 9:05 a.m.</p> <p>Diagnoses for Resident #156 included, but were not limited to, hyperlipidemia, pain, osteoporosis, muscle weakness, and history of falls.</p> <p>An admission Minimum Data Set (MDS) Assessment, dated 11/8/12, indicated Resident #156 was not cognitively impaired. The assessment also indicated choosing between a bath or shower was very important to the resident.</p> <p>The health care plan for Resident #156 lacked any information related to the resident's preference for a bath instead of a shower.</p> <p>Review of the current policy, dated 10/2010, titled "Shower/Tub Bath", provided by the RN consultant on 5/20/13 at 5:16 p.m., included, but was not limited to, the following:</p> <p>"PURPOSE: To purposes of this procedure are to promote cleanliness, provide comfort to the resident and to</p>		<p>baths instead of showers per her request. The C.N.A. assignment sheet and Care Plan reflect her preference.</p> <p>2. The facility has completed a 100% audit of all current residents to determine their choice of showering, or baths. All care plans reflect the choice of bath or shower. Preferences have been addressed on the C.N.A. assignment sheets. All new admissions will be reviewed to determine their choice of a Bed bath or a shower.</p> <p>3. The systemic change includes all new admissions will be interviewed upon admission to determine their choice of showering or bed baths. All nursing personnel will be offered education on the importance of honoring the choice of a bed bath or showering via the care plans and the C.N.A. assignment sheets. <u>Education will be completed by June 7, 2013.</u></p> <p>All new nursing personnel will be offered education on the importance of honoring resident's choice of a bed bath or showering.</p>		

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	<p>observe the condition of the resident's skin....</p> <p>...The following information should be recorded on the resident's ADL record and/or in the resident's medical record:...</p> <p>...4. How the resident tolerated the shower/tub bath.</p> <p>5. If the resident refused the shower/tub bath, the reason (s) why and the intervention taken....</p> <p>...1. Notify the supervisor if the resident refuses the shower/tub bath...."</p> <p>3.1-3(u)(3)</p>		<p>4. The DON or designee will audit new admissions for bathing preference 5 residents per week for 30 days then 5 residents per month for 150 days then 3 residents per month for 180 days to total 12 months of monitoring.</p> <p>Quality Assurance Follow-up:</p> <p>Results of audits will be reported to the QA committee monthly, for 12 months,</p> <p>to assist with additional recommendations if necessary.</p> <p><u>Date of Compliance: June 14, 2013</u></p> <p>_____</p> <p>_____</p>		

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			<p style="text-align: center;">See Attachment #1-C.N.A. assignment</p> <p style="text-align: center;">Sheet</p> <p style="text-align: center;">See Attachment #2-ADL Flow Sheet</p> <p style="text-align: center;">See Attachment #6-Orientation New Staff</p> <p style="text-align: center;">Resident Audit Tool #1-Admission</p> <p style="text-align: center;">Audit</p> <p style="text-align: center;">See Audit Tool #2- Resident Preference</p> <p style="text-align: center;">Education Log #1-/Resident</p> <p style="text-align: center;">P references/Choices</p>		

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive health care plan was developed related to diabetes requiring sliding scale insulin administration for 1 of 10 residents reviewed for unnecessary medications. (Resident #43)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #43 was reviewed on 5/17/13 at 11:36 a.m.</p>	F000279	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. <u>Our date of compliance is June 14, 2013.</u></p>	06/14/2013	

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	<p>Diagnoses for Resident #43 included, but were not limited to, diabetes, hypertension, depression, pain, and anxiety.</p> <p>Resident # 43 had the current physician's orders for the following:</p> <p>A. Monitor blood sugar results before meals and at bedtime: 7:00 a.m., 11:00 a.m., 5:00 p.m., and 8:00 p.m. The original date of this order was 4/11/13.</p> <p>B. Administer Novolog Flexpen sliding scale insulin based on blood glucose results according to the scale below,</p> <p>150 - 174 = 4 units 175 - 199 = 5 units 200 - 224 = 7 units 225 - 249 = 8 units 250 - 274 = 10 units 275 - 299 = 11 units 300 - 324 = 13 units 325 - 349 = 14 units 350 - 374 = 15 units 375 - 399 = 17 units greater than or equal to 400 call the physician, less than 70 call the physician.</p> <p>The original order date of this order was 4/11/13.</p>		<p>F279 483.20(d),483.20(1)DEVELOP COMPREHENSIVE CARE PLANS</p> <p>-</p> <p>It is the intent of this facility to ensure a comprehensive health care plan is developed related to diabetes requiring sliding scale insulin.</p> <p style="text-align: center;">1.</p> <p>Resident #43's care plan now reflects</p> <p style="text-align: center;">that resident #43 is diabetic with</p> <p style="text-align: center;">physician's orders.</p> <p style="text-align: center;">2. The facility completed a 100% audit</p> <p style="text-align: center;">all diabetics to assure that the care</p> <p style="text-align: center;">plan reflects that they are diabetic</p> <p style="text-align: center;">with physicians orders.</p> <p>All new admissions will be reviewed to determine if resident is diabetic and is care planned with physicians orders.</p>	
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	<p>The clinical record lacked any comprehensive health care plan (HCP) having been developed related to Resident #43's diagnosis of diabetes requiring the need for sliding scale insulin.</p> <p>During an interview with the Director of Nursing (DoN) on 5/20/13 at 1:15 p.m., additional information was requested related to the lack of any comprehensive HCP having been developed related to the resident's use of sliding scale insulin.</p> <p>During an interview with the DoN on 5/20/13 at 4:58 p.m., she indicated a comprehensive HCP had been developed today [5/20/13] for Resident #43's diagnosis of diabetes requiring the need for sliding scale insulin.</p> <p>Review of the current policy, dated 10/2010, titled "Care Area Assessments," provided by the Staff Development LPN on 5/20/13 at 5:20 p.m., included, but was not limited to, the following:</p> <p>"Care Area Assessments (CAAs) will be used to help analyze data obtained from the MDS and to develop individualized care plans....</p>		<p>3. The systemic change includes all new admissions will be reviewed for diabetic diagnosis and all new diabetic diagnosis's received for current residents, will be care planned to reflect physician's orders.</p> <p>All nursing Unit Managers will be offered education on the importance of implementing diabetic care plans to reflect the physician's orders.</p> <p><u>Education will be completed by June</u></p>	

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	<p>...The Care Area Assessments (CAAs) process consists of the following steps:</p> <p>a. Identify areas of concern triggered on the MDS:...</p> <p>...c. Define the problem (s):...</p> <p>...d. Make decisions about the care plan:</p> <p>(1) Determine whether the problem(s) needs intervention...</p> <p>...(3) Design interventions that address causes, not symptoms..."</p> <p>3.1-35(a)</p>		<p><u>7.</u></p> <p><u>2013.</u></p> <p>4. The DON or designee will audit all admissions and daily physician's orders for diabetic diagnoses. Diabetic care plans will be completed as order is received 5 residents per week for 30 days then 5 residents per month for 150 days then 3 residents per month for 180 days to total 12 months of monitoring.</p> <p>Quality Assurance Follow-up:</p> <p>Results of audits will be reported to the QA committee monthly, for 12 months,</p> <p>to assist with additional recommendations if</p>	
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			<p>necessary.</p> <p style="text-align: right;"><u>Date of</u> Compliance : June 14, 2013</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>-</p> <p>See Attachment #6 See Resident Audit Tool #3- Insulin</p> <p>Administrarion Education Log #2-Insulin</p> <p>Administration</p>	

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>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 record review and interview, the facility failed to ensure the plan of care was followed as written related to bowel assessment and implementation of care plan as directed for 1 of 10 residents reviewed for unnecessary mediations. (Resident #117)</p> <p>Findings include:</p> <p>During record review on 5/15/13 at 2:04 p.m., Resident #117 diagnoses included, but were not limited to: cognitive communication deficit, dementia with vascular depressive mood, anxiety state, Alzheimer's disease and constipation.</p> <p>A care plan dated 6/25/12, indicated Resident #117 was at risk for constipation related to medications and decreased mobility.</p> <p>The care plan approach included the following: administer medication per MD order, document frequency and character of bowel movements, monitor for signs of constipation and</p>	F000282	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. <u>Our date of compliance is June 14, 2013.</u></p> <p><u>F 282</u> 483.20 (k)(3)(II) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>-</p> <p>It is the intent of this facility to ensure the plan of care is followed as written related to bowel assessment and implementation of care plan as directed.</p> <p>1. Resident #117's potential constipation is reviewed daily through the Clinical Daily</p>	06/14/2013			

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	<p>notify MD with concerns.</p> <p>Resident #117 had the following medications for constipation: Phillips Milk of Magnesia, 400 mg/5 ml, give 30 mLs orally as needed daily and Dulcolax (Bisacodyl) suppository, 10 mg daily as needed.</p> <p>During record review on 5/15/13 at 2:04 p.m., the bowel and bladder assessment indicated Resident #117 did not have a bowel movement from 3/27-4/3/13. Progress notes from 3/26/13 thru 4/3/13 indicated the physician was not notified. Resident #117 did not have a bowel movement in 6 days. No medications were given for constipation from 3/26-4/3/13.</p> <p>During record review on 5/16/13 at 2:45 p.m., the Minimum Data Set (MDS) assessment dated 3/7/13, indicated Resident #117 was unable to complete the Brief Interview Mental Status (BIMS). Resident #117 received the following Activities of Daily Living (ADL) assistance: toilet use-extensive assistance with one person physical help. Resident #117 was always incontinent of bowel and bladder.</p> <p>Review of a current facility policy dated 6/11 titled "Bowel Management</p>		<p>Meeting (Monday through Friday) to assure that her potential constipation is monitored. The ADL Flow Sheet and Care Plan reflect her potential constipation.</p> <p>2. The facility has completed a 100% audit of all residents to determine that they are being monitored for potential constipation and if so, that the updated Constipation BM Policy is followed.</p> <p>3. The systemic change includes all new admissions will be reviewed upon admission to determine if they have a diagnosis for constipation or have the potential for constipation.</p> <p>All nursing personnel will be offered education on the updated Constipation BM Policy. <u>Education will be completed by June 7 2013.</u></p> <p>All new nursing personnel will be offered education on the updated Constipation BM Policy.</p> <p>4. The DON or designee will audit new admissions to determine if they have a diagnosis for constipation or have the potential for constipation 5 residents per week for 30 days then 5</p>		

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	<p>Program" which was provided by the DoN on 5/15/13 at 2:34 p.m., indicated the following:</p> <p>"Purpose The purpose of a bowel management program is for the resident to have a bowel movement on a regular basis. This should also...bowel function.</p> <p>Assessment If there are poor results from this process, contact the physician and discuss suppository use. As soon as daily results are achieved obtain a physician's order to convert to every other day; monitor results; then convert to every 3rd day if possible."</p> <p>During an interview on 5/16/13 at 3:27 p.m., the DoN indicated the staff are to notify the physician if a resident does not have a bowel movement in 3 days.</p> <p>During an interview on 5/17/13 at 8:45 a.m., the DoN indicated they could not provide any additional documentation related to physician notification or bowel monitoring for Resident #117.</p> <p>3.1-35(g)(2)</p>		<p>residents per month for 150 days then 3 residents per month for 180 days to total 12 months of monitoring.</p> <p>Quality Assurance Follow-up:</p> <p>Results of audits will be reported to the QA committee monthly, for 12 months, to assist with additional recommendations if necessary.</p> <p><u>Date of Compliance June 14, 2013</u></p> <p>See Attachment #3-Constipation BM Policy</p> <p>See Attachment #6 Resident Audit Tool #4-BM Tracking Education Log #3-Bowel Management &</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 record review and interview, the facility failed to ensure bowel monitoring was completed to prevent constipation for 1 of 10 residents reviewed for unnecessary medications. (Resident #145)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #145 was reviewed on 5/16/13 at 2:18 p.m.</p> <p>Diagnoses for Resident #145 included, but were not limited to, Alzheimer's disease, constipation, and hypertension.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 2/26/13, indicated Resident #145 was severely cognitively impaired.</p> <p>A health care plan problem, dated 8/30/12, indicated Resident #145 had a potential for constipation related to severe cognitive deficit and</p>	F000309	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. <u>Our date of compliance is June 14, 2013</u></p> <p><u>F309</u> 483.25PROVIDECARE/SERVICE S FOR HIGHEST WELL BEING -</p> <p>It is the intent of this facility to ensure bowel monitoring is completed to prevent constipation.</p> <p>1. Resident #145's potential constipation is reviewed daily through the Clinical Daily</p>	06/14/2013	

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	<p>medication usage. One of the goals for this problem indicated the resident would have a bowel movement at least every three days. Interventions for this problem included report any abdominal distention and/or pressure/fullness, and administer laxatives as ordered.</p> <p>Resident #145 had a current physician order for Milk of Magnesia (a laxative) 30 milliliters (ml) by mouth once a day as needed for constipation. The original date of this order was 1/18/13.</p> <p>The bowel movement records for March 2013 indicated the resident did not have a bowel movement from March 14 to March 19, a time period of 5 days.</p> <p>The March Medication Administration Record (MAR) lacked any information related to the Milk of Magnesia having been given.</p> <p>During an interview with the Director of Nursing (DoN) on 5/16/13 at 2:33 p.m., additional information was requested related to the nursing progress notes in the electronic medical record before 4/6/13 for March 2013.</p>		<p>Meeting (Monday through Friday) to assure that her potential constipation is monitored and that her medication for constipation is given to her as needed per the physician's orders.</p> <p>2. The facility has completed a 100% audit of all residents to determine that they are being monitored for potential constipation and if so, that the updated Constipation BM Policy is followed.</p> <p>3. The systemic change includes all new admissions will be reviewed upon admission to determine if they have a diagnosis for constipation or have the potential for constipation. All nursing personnel will be offered education on the Constipation BM Policy. <u>Education will be completed by June 7, 2013.</u></p> <p>All new nursing personnel will be offered education on the updated Constipation BM Policy.</p> <p>4. The DON or designee will audit new admissions to determine if they have a diagnosis for constipation or have the potential for constipation; are being</p>		

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	<p>During an interview with the DoN on 5/16/13 at 3:50 p.m., she indicated she had no additional nursing progress notes for March 2013.</p> <p>During an interview with the DoN on 5/20/13 at 1:15 p.m., additional information was requested related to the lack of bowel monitoring and interventions having been completed from March 14 to March 19.</p> <p>During an interview with the DoN on 5/20/13 at 4:58 p.m., she indicated the resident did not have any as needed medications for constipation ordered by the physician from March 14 to March 19.</p> <p>A facility policy, dated 6/2011, titled "Bowel Management Program," provided by the RN Consultant on 5/20/13 at 5:16 p.m., included, but was not limited to, the following:</p> <p>"...Purpose The purpose of a bowel management program is for the resident to have a bowel movement on a regular basis....</p> <p>...Treatment options...</p> <p>...Scheduled defecation program-</p>		<p>medicated per physician's order and per the updated Constipation BM Policy 5 residents per week for 30 days then 5 residents per month for 150 days then 3 residents per month for 180 days to total 12 months of monitoring.</p> <p>Quality Assurance Follow-up:</p> <p>Results of audits will be reported to the QA committee monthly, for 12 months,</p> <p>to assist with additional recommendatio ns if necessary.</p> <p><u>Date of Compliance: June 14, 2013</u></p> <p>See Attachment #3,#6 Resident Audit Tool #4</p>		

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	<p>-following completion of bowel observation tool, determine the correct plan of care....</p> <p>...Attempt dietary and hydration measures before the use of suppositories....</p> <p>...If there is poor results from this process, contact the physician and discuss suppository use...."</p> <p>. 3.1-37(a)</p>		<p>Education Log #3</p>		

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview the facility failed to ensure 3 of 10 residents reviewed for unnecessary medications had appropriate indications for use of the medications. (Resident #'s 82, 142, 183)</p> <p>Findings include:</p> <p>1.) Resident #82's clinical record was reviewed on 5/15/13 at 11:08 a.m. The resident's diagnoses included, but were not limited to, senile</p>	F000329	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory</p>	06/14/2013			

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	<p>psychosis, dementia with behavior disturbances, chest pain, and hypertension.</p> <p>The resident had a progress note made by her medical doctor dated 5/15/13. The note indicated the resident's medications had been reviewed and were current. The resident had an order for olanzapine [an anti-psychotic] 7.5 mg orally everyday at 5:00 p.m., for senile psychosis.</p> <p>The resident had an order for "fluticasone [a corticosteroid] Spray, Suspension; 50/mcg [micrograms]/actuation; amt: [amount] 2 Sprays; Nasal [DX [diagnosis] Rhinitis, allergic, d/t [due to] pollen] Once A Day; 06:00 AM." The order did not indicate if the medication was to be sprayed in one or both nostrils.</p> <p>The resident had an order for nitroglycerine [for chest pain] 0.4 mg sublingual tablet 1 tablet sublingually every 5 minutes up to 3 tablets as needed and notify the medical doctor. The order lacked an indication for when the medication was to be given.</p> <p>During an interview with the Director of Nursing on 5/17/13 at 9:28 a.m., she indicated she was aware of the</p>		<p>requirements. <u>Our date of compliance is June 14, 2013.</u></p> <p><u>F 329</u> 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>It is the intent of this facility to ensure that residents reviewed for unnecessary medications have appropriate indications for use of the medications.</p> <p>1. Resident #82's olanzapine order was clarified for dementia with behavioral disturbances. Resident #82's fluticasone was clarified to read 2 sprays in each nostril. Resident #142's lorazepam was clarified to indicate what behaviors the medication was to be given for. Resident #183's Lovenox was clarified to support the use of the Lovenox medication.</p> <p>2. The facility has completed a 100% audit of all medication orders to ensure that they have appropriate diagnosis and or clarification of specific route and specific amount.</p> <p>3. The systemic change includes all new orders will be reviewed daily in the Clinical</p>				

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	<p>indications for use for the olanzapine needed clarification.</p> <p>During an interview with the Director of Nursing on 5/17/13 at 10:14 a.m., she indicated the order for nitroglycerin had been clarified with the doctor and was to be used for chest pain. She indicated the fluticasone was clarified to read 2 sprays in each nostril and the olanzapine was for dementia with behavioral disturbances.</p> <p>2.) Resident #142's clinical record was reviewed on 5/15/13 at 1:02 p.m. The resident's diagnoses included, but were not limited to, Dementia with behavior disturbance and depressive disorder.</p> <p>The resident had a current order initiated on 4/10/13, for lorazepam [for anxiety] 0.5 mg orally two times a day as needed for dementia with behavioral disturbances.</p> <p>The order did not indicate what behaviors the medication was to be given for.</p> <p>During an interview with the Director of Nursing on 5/17/13 at 9:28 a.m., she indicated she was aware of the indications for use for the lorazepam</p>		<p>Daily Meeting (Monday through Friday) to address specific amounts, specific routes and accurate diagnosis for medications given. All nursing personnel will be offered education on completing specific route, specific amount of medication and appropriate diagnosis for medication given. <u>Education will be completed by June 7, 2013.</u></p> <p>All new nursing personnel will be offered education on completing specific route, specific amount of medication and appropriate diagnosis for medication given.</p> <p>4. The DON or designee will audit all new orders to determine if they have the right diagnosis for the medication, specific route and specific amount to be given 5 residents per week for 30 days then 5 residents per month for 150 days and 3 residents per month for 180 days to total 12 months of monitoring.</p> <p style="text-align: right;">Quality Assurance Follow-up:</p>		

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	needed clarification.		<p style="text-align: center;">Results of audits will be reported to the QA committee monthly, for 12 months, to assist with additional recommendations if necessary.</p> <p style="text-align: center;"><u>Date of Compliance: June 14, 2013</u></p> <p style="text-align: center;">-</p> <p style="text-align: center;">See Attachment #4-Medication Orders</p> <p style="text-align: center;">See Attachment #6</p> <p style="text-align: center;">Resident Audit Tool #5-Physician</p> <p style="text-align: center;">Order Transcription</p> <p style="text-align: center;">Education Log #4- Physician Orders</p>		

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	<p>3. The clinical record for Resident #183 was reviewed on 2/3/12 at 8:40 a.m.</p> <p>Diagnoses for Resident #183 included, but were not limited to, diabetes, hypertension, depression, dysphagia, anxiety, and congestive heart failure.</p> <p>The resident had a current physician's order for Lovenox (an anticoagulant medication) 30 milligrams (mg)/0.3 milliliters (ml) inject subcutaneously daily. The original order date for the medication was 5/1/13.</p> <p>The clinical record indicated the diagnosis for the use of the medication was muscle weakness.</p> <p>During an interview with the Director of Nursing on 5/20/13 at 1:15 p.m., additional information was requested related to a diagnosis to support the</p>		<p>& Notification</p> <p>Education #5-Putting</p> <p>in/Transcribing</p> <p>Orders</p>	

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	<p>use of the medication.</p> <p>During an interview with the Director of Nursing on 5/20/13 at 4:58 p.m., she indicated the facility would call the physician and verify the indication for use of the medication.</p> <p>4.) The undated policy for "Transcribing Orders" was provided by the RN Consultant on 5/20/13 at 5:16 p.m. The policy indicated orders should be written as given by the physician and if they were unclear they should be clarified by the physician. The policy indicated "...3. Must be complete. Medication orders require: drug, dosage, route of administration, and frequency of administration AND associated diagnosis....PRN [as needed] medications also require a reason for giving the medication, such as fever, headache, constipation, pain, etc. and frequency of use...."</p> <p>3.1-48(a)(4)</p>				

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F000428 SS=E	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>Based on record review and interview, the facility failed to ensure the pharmacy consultant noted the lack of complete and/or accurate medication orders or indications for use for 4 of 10 residents reviewed for unnecessary medications. (Resident #'s 142, 135, 183, 43)</p> <p>Findings include:</p> <p>1.) Resident #142's clinical record was reviewed on 5/15/13 at 1:02 p.m. The resident's diagnoses included, but were not limited to, constipation.</p> <p>The resident had a current physician order initiated on 3/26/13, for Milk of Magnesia [a laxative] 400 mg/5 ml [milliliter] give 30 ml orally as needed for constipation. The order lacked how often the medication could be given.</p> <p>Review of the the Consultant Pharmacist report indicated Resident</p>	F000428	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. <u>Our date of compliance is June 14, 2013.</u></p> <p><u>F 428</u> 483.60(c)DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON -</p> <p>It is the intent of this facility to ensure that the pharmacy consultant notes the lack of complete and /or accurate medication orders or indications for use.</p>	06/14/2013	

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	<p>#142's medical record was reviewed on 4/9/13 and there were no recommendations related to the frequency the Milk of Magnesia was to be given.</p> <p>During an interview with the Director of Nursing on 5/17/13 at 9:54 a.m., she indicated she had clarified the orders with the Resident's physician and the Milk of Magnesia was to be given daily as needed for constipation.</p> <p>2.) Resident #135's clinical record was reviewed on 5/16/13 at 8:49 a.m. The resident's diagnoses included, but were not limited to, chronic pain, osteoarthritis, and fracture of neck of femur.</p> <p>The resident's current physician's orders indicated the resident had orders initiated on 3/12/13, for Norco [a controlled substance pain reliever] 5-325 mg 1 tablet orally every 4 hours as needed for chronic pain and for Tylenol Extra Strength 500 mg 1 tablet orally as needed 4 times a day for chronic pain. The orders lacked instructions for what type of pain each medication should be given for.</p> <p>Review of the Consultant Pharmacist Report indicated the resident's record</p>		<p>1. Resident #142's Milk of Magnesia order has been clarified on how often the medication is to be given. Resident #135's Norco order has been clarified on what type of pain that the Norco can be given. The Tylenol Extra Strength 500 tab has been clarified on what type of pain that the Tylenol Extra Strength 500 tab can be given. Resident #183's DuoNeb order was clarified on how often the "as needed" order can be given. Resident #43's Flexeril order was clarified on how often the "as needed" order can be given. The Valium order was clarified on how often the "as needed" order can be given.</p> <p>2. The facility has completed a 100% audit of all residents to assure that all residents medications have specific instructions for frequency, for type of pain and for specific instructions for "as needed" medications.</p> <p>3. The systemic change includes all new orders will be reviewed daily in Daily Clinical Meeting (Monday through Friday) to determine that they are specific related to frequency, for type of pain and</p>		

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	<p>was reviewed 5/3/13, and had no recommendations.</p> <p>During an interview with the Director of Nursing on 5/17/13 at 10:14 a.m., she indicated the order for the Norco was clarified by the physician and was to be used for severe pain and the Tylenol Extra Strength was to be used for mild pain.</p>		<p>for specific instructions for "as needed" medications. All nursing personnel have been offered education on getting needed clarification/specific instructions for frequency, for type of pain and for specific instructions for "as needed" medications. <u>Education will be completed by June 7, 2013.</u></p> <p>- All new nursing personnel will be offered education on getting needed clarification/specific instructions for frequency, for type of pain and for specific instructions for "as needed" medications.</p> <p>4. The DON or designee will audit new orders for frequency, for type of pain and specific instructions for "as needed" medications 5 residents per week for 30 days then 5 residents per month for 150 days then 3 residents per month for 180 days to total 12 months of monitoring.</p> <p>Quality Assurance Follow-up;</p>		

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	<p>3). The clinical record for Resident #183 was reviewed on 2/3/12 at 8:40 a.m.</p> <p>Diagnoses for Resident #183 included, but were not limited to, diabetes, hypertension, depression, dysphagia, anxiety, and congestive heart failure.</p> <p>Resident #183 had a current</p>		<p>Results of audits will be reported to the QA committee monthly , for 12 months, to assist with additional recommendations if necessary.</p> <p><u>Date of Compliance:</u> <u>June 14, 2013</u></p> <p>See Attachment #4, #6 See Resident Audit Tool #5 See Education Log #4, #5</p>		

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	<p>physician order for DuoNeb (a bronchodilator) 0.5 milligrams (mg)/3 milliliters (ml) 1 vial by inhalation every 4 hours as needed. The original order date was 5/1/13.</p> <p>The clinical record lacked any signs or symptoms from the physician related to when the "as needed" medication should be given.</p> <p>The clinical record indicated the pharmacist reviewed the physician's orders on 5/8/13 with no recommendations having been made for the DuoNeb "as needed" order.</p> <p>During an interview with the Director of Nursing (DoN) on 5/20/13 at 1:15 p.m., additional information was requested related to the lack of signs or symptoms from the physician related to when the "as needed" medication should be given.</p> <p>During an interview with the DoN on 5/20/13 at 4:58 a.m., she indicated the facility would call the physician and clarify the directions for the DuoNeb "as needed" order.</p> <p>4.) The clinical record for Resident #43 was reviewed on 5/17/13 at 11:36 a.m.</p>			

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	<p>Diagnoses for Resident #43 included, but were not limited to, diabetes, hypertension, depression, pain, and anxiety.</p> <p>Current physician's orders for Resident #43 included, but were not limited to, the following orders:</p> <p>a. Flexeril (a muscle relaxer) 10 milligrams (mg) 1 tablet by mouth every 8 hours as needed. The original order date was 4/11/13.</p> <p>b. Valium (a medication used as a sedative or muscle relaxer) 5 mg give 1 tablet twice a day as needed. The original order date was 4/24/13.</p> <p>c. Valium (a medication used as a sedative or muscle relaxer) 5 mg give 2 tablets twice a day as needed. The original order date was 4/24/13.</p> <p>The clinical record lacked any signs or symptoms from the physician related to when the "as needed" medications should be given.</p> <p>The clinical record indicated the pharmacist reviewed the physician's orders on 4/29/13 and 5/8/13 with no recommendations having been made for the Flexeril, or the Valium "as needed" orders.</p>						

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	<p>During an interview with the Director of Nursing (DoN) on 5/20/13 at 1:15 p.m., additional information was requested related to the lack of signs or symptoms from the physician related to when the "as needed" medications should be given.</p> <p>During an interview with the DoN on 5/20/13 at 4:58 a.m., she indicated the facility would call the physician and clarify the directions for the Flexeril and Valium "as needed" orders.</p> <p>5.) The undated, "Consultant Pharmacy Services" policy was provided by the RN Consultant on 5/20/13 at 5:16 p.m. The policy indicated the Consultant Pharmacist would review medication related documentation for accuracy and consistency. The Consultant Pharmacist's specific responsibilities included, but were not limited to, "...Conduct a Medication Regimen Review (MMR) of each resident at least once each month and report in writing any potential irregularities and/or comments to the Director of Nursing Services and individual resident's physician...."</p> <p>3.1-25(i)</p>						

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F000514 SS=E	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure resident's medication orders were complete for indications for use and/or instructions for dosage for 4 of 10 residents reviewed for unnecessary medications. (Resident #'s 142, 135, 183, 43)</p> <p>Findings include:</p> <p>1.) Resident #142's clinical record was reviewed on 5/15/13 at 1:02 p.m. The resident's diagnoses included, but were not limited to, constipation.</p> <p>The resident had a current physician order initiated on 3/26/13, for Milk of Magnesia [a laxative] 400 mg/5 ml [milliliter] give 30 ml orally as needed for constipation. The order lacked</p>	F000514	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. <u>Our date of compliance is June 14, 2013.</u></p> <p><u>F 514</u> <u>483.75(l)</u> <u>(1)RESRECORDSCOMplete/ACCURATE/ACCESSIBLETY</u> -</p>	06/14/2013	

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	<p>how often the medication could be given.</p> <p>The resident had a current order initiated on 5/1/13, for Miralax [a laxative] powder give 17 gram, 1 capful orally everyday. The order did not indicate the powder should be mixed in liquid.</p> <p>During an interview with the Director of Nursing on 5/17/13 at 9:54 a.m., she indicated she had clarified the orders with the Resident's physician and the Milk of Magnesia was to be given daily as needed and the Miralax should be administered in at least 8 ounces of water.</p> <p>2.) Resident #135's clinical record was reviewed on 5/16/13 at 8:49 a.m. The resident's diagnoses included, but were not limited to, chronic pain, osteoarthritis, and fracture of neck of femur.</p> <p>The resident's current physician's orders indicated the resident had orders initiated on 3/12/13, for Norco [a controlled substance pain reliever] 5-325 mg 1 tablet orally every 4 hours as needed for chronic pain and for Tylenol Extra Strength 500 mg 1 tablet orally as needed 4 times a day for chronic pain. The orders lacked</p>		<p>It is the intent of this facility to ensure resident's medication orders are complete for indications for use and/or instructions for dosage.</p> <p>1. Resident #142's Milk of Magnesia order has been clarified on how often the medication is to be given. The Miralax powder order has been clarified as to the amount of water when administering the Miralax.</p> <p>Resident #135 's Norco order has been clarified on what type of pain that the Norco can be given. The Tylenol Extra Strength 500 tab has been clarified on what type of pain that the Tylenol Extra Strength 500 tab can be given.</p> <p>Resident #183's DuoNeb order was clarified on how often the "as needed" order can be given.</p> <p>Resident #43's Flexerial order was clarified on how often the "as needed "order can be given. The Valium order was clarified on how often the "as needed" order can be given.</p> <p>2. The facility completed a 100% audit of all residents to assure that all residents medications have specific instructions for frequency, for type of pain and for specific</p>		

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	<p>instructions for what type of pain each medication should be given for.</p> <p>During an interview with the Director of Nursing on 5/17/13 at 10:14 a.m., she indicated the order for the Norco was clarified by the physician and was to be used for severe pain and the Tylenol Extra Strength was to be used for mild pain.</p>		<p>instructions for "as needed" medications.</p> <p>3. The systemic change includes all new orders will be reviewed daily in Clinical Daily Meeting (Monday through Friday) to determine that they are specific related to frequency, for type of pain and for specific instructions for "as needed" medications. 100% of nursing personnel were offered education on getting needed clarification/specific instructions for frequency, for type of pain and for specific instructions for "as needed" medications. <u>Education will be completed by June 7, 2013.</u></p> <p>- All new nursing personnel will be offered education on getting needed clarification/specific instructions for frequency, for type of pain and for specific instructions for "as needed" medications.</p> <p>-</p> <p>4. The DON or designee will audit all new orders for frequency, for type of pain and specific instructions for "as needed" medications 5 residents per week for 30 days then 5 residents per month for 150 days then 3 residents per month for 180 days to total 12 months of monitoring.</p>		

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	3). The clinical record for Resident		- - Quality Assurance Follow-up: Results of audits will be reported to the QA committee monthly, for 12 months, to assist with additional recommendations if necessary. <u>Date of Compliance: June 14, 2013</u> See Attachment #4,#6 See Audit Tool #5 See Education Logs #4, #5		

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	<p>#183 was reviewed on 2/3/12 at 8:40 a.m.</p> <p>Diagnoses for Resident #183 included, but were not limited to, diabetes, hypertension, depression, dysphagia, anxiety, and congestive heart failure.</p> <p>Resident #183 had a current physician order for DuoNeb (a bronchodilator) 0.5 milligrams (mg)/3 milliliters (ml) 1 vial by inhalation every 4 hours as needed. The original order date was 5/1/13.</p> <p>The clinical record lacked any signs or symptoms from the physician related to when the "as needed" medication should be given.</p> <p>During an interview with the Director of Nursing (DoN) on 5/20/13 at 1:15 p.m., additional information was requested related to the lack of signs or symptoms from the physician related to when the "as needed" medication should be given.</p> <p>During an interview with the DoN on 5/20/13 at 4:58 a.m., she indicated the facility would call the physician and clarify the directions for the DuoNeb "as needed" order.</p>			

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	<p>4.) The clinical record for Resident #43 was reviewed on 5/17/13 at 11:36 a.m.</p> <p>Diagnoses for Resident #43 included, but were not limited to, diabetes, hypertension, depression, pain, and anxiety.</p> <p>Current physician's orders for Resident #43 included, but were not limited to, the following orders:</p> <p>a. Flexeril (a muscle relaxer) 10 milligrams (mg) 1 tablet by mouth every 8 hours as needed. The original order date was 4/11/13.</p> <p>b. Valium (a medication used as a sedative or muscle relaxer) 5 mg give 1 tablet twice a day as needed. The original order date was 4/24/13.</p> <p>c. Valium (a medication used as a sedative or muscle relaxer) 5 mg give 2 tablets twice a day as needed. The original order date was 4/24/13.</p> <p>During an interview with the Director of Nursing (DoN) on 5/20/13 at 1:15 p.m., additional information was requested related to the lack of signs or symptoms from the physician related to when the "as needed" medications should be given.</p>			

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	<p>During an interview with the DoN on 5/20/13 at 4:58 a.m., she indicated the facility would call the physician and clarify the directions for the Flexeril and Valium "as needed" orders.</p> <p>5.) The undated policy for "Transcribing Orders" was provided by the RN Consultant on 5/20/13 at 5:16 p.m. The policy indicated orders should be written as given by the physician and if they are unclear they should be clarified by the physician. The policy indicated "...3. Must be complete. Medication orders require: drug, dosage, route of administration, and frequency of administration AND associated diagnosis....PRN [as needed] medications also require a reason for giving the medication, such as fever, headache, constipation, pain, etc. and frequency of use...."</p> <p>3.1-50(a)(1)</p>				

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R000041	<p>410 IAC 16.2-5-1.2(o)(4) Residents' Rights - Deficiency (4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by: (A) an individual resident; (B) a resident council or family council, or both; (C) a family member; (D) family groups; or (E) other individuals.</p> <p>Based on record review and interview, the facility failed to ensure physician's orders were followed for 1 of 7 residents reviewed in a sample of 7. [Resident #R25]</p> <p>Findings include:</p> <p>Resident #R25's clinical record was reviewed on 5/20/13 at 2:15 p.m. The resident's diagnoses included, but were not limited to, edema of the legs and hypertension.</p> <p>The resident had been to a doctor's appointment on 5/17/13 at 10:02 a.m., and returned with physician's orders including, but not limited to, torsemide [a diuretic] 20 mg tablet orally everyday for hypertension and furosemide [a diuretic] 20 mg tablet orally everyday for edema. The orders indicated the furosemide was a new medication to be given for two weeks and the resident re-evaluated</p>	R000041	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is _____.</p> <p><u>R 041</u> 410 IAC 16-5-1.2(0)(4) RESIDENTS RIGHT-DEFICIENCY -</p> <p>It is the intent of this facility to ensure physician's orders are followed.</p>	06/14/2013	

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	<p>for edema. An extra dose of furosemide was to be given if the resident's weight was greater than 210 pounds.</p> <p>There was a 5/17/13, 1:15 p.m., Physician's Telephone Order written by LPN #4 for Demadex [the brand name of torsemide] 20 mg 1 tablet orally everyday and to give an extra pill if the resident's weight was greater than 210 pounds for 2 weeks.</p> <p>During an interview with LPN #4 on 5/20/13 at 2:45 p.m., she indicated she had told the resident's daughter the torsemide and furosemide were the same medication and the daughter would not need to get the furosemide prescription filled if she did not want to. She said the daughter talked with the resident's physician and the daughter decided not to use the furosemide. LPN #4 indicated she changed the physician's order from furosemide to Demadex because that was what the daughter wanted her to do. The nurse indicated she had not contacted the physician to clarify the order.</p> <p>The undated policy for "Transcribing Orders" was provided by the RN Consultant on 5/20/13 at 5:16 p.m., and she indicated it was the same</p>		<p>1. Resident #R25's order of furosemide to Demadex was clarified with the physician regarding the change from furosemide to Demadex, as requested by the family.</p> <p>2. The facility has completed a 100% audit of all residents' orders to assure that they have been clarified with the physician as needed and transcribed correctly.</p> <p>3. The systemic change includes all new admissions orders will be reviewed in Clinical Daily Meeting (Monday through Friday) by the Unit Manager or designee to verify accuracy. 100% of licensed nursing personnel will be offered education on verifying and transcription of medication orders. <u>Education will be completed by June 7, 2013.</u> All new licensed nursing personnel will be offered education on verifying and transcription of medication orders.</p> <p>4. The DON or designee will audit new admissions and verification and transcription of medication orders 5</p>		

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	policy the health care facility used. The policy indicated orders should be written as given by the physician and if they are unclear they should be clarified by the physician.		<p>days per week for 30 days then 5 days per month for 150 days then 3 days per month for 180 days to total 12 months of monitoring.</p> <p>Quality Assurance Follow-up;</p> <p>Results of audit will be reported to the QA committee monthly, for 12 months, to assist with additional recommendat ions if necessary.</p> <p><u>Date of Compliance: June 14, 2013</u></p>	

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			<p style="text-align: right;">See Attachment #4, #6</p> <p style="text-align: right;">See Audit Tool #5</p> <p style="text-align: right;">See Education Logs #4,#5</p>		

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R000273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation and interview, the facility failed to ensure the drink serving station carpet was free of dried food debris and stains. This deficient practice had the potential to affect 55 of 55 residents living in the facility.</p> <p>Findings include:</p> <p>The drink serving station was observed on 5/20/13 at 1:25 p.m., with Dietary Staff #2. The carpet of the serving station around the trash container had numerous dried and crusty like food spills ranging in size from a quarter to a half of dollar. The outside of the trash container had dried substances on it. Dietary Staff #2 indicated they serve 55 residents their drinks from this area. She indicated she sweeps the area daily, but she is not responsible for cleaning the carpet. She indicated the dining room carpet is cleaned monthly, but the carpet is never cleaned in the drink station.</p> <p>During an observation of the drink</p>	R000273	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. <u>Our date of compliance is June 14, 2013.</u></p> <p><u>R 273</u> 410 IAC 16.2-5-5,1(F) FOOD AND NUTRITIONALSERVICES-DEFICIENCY</p> <p>-</p> <p>It is the intent of this facility to ensure the drink serving station carpet is free of dried food debris and stains.</p> <p>1. The drink station was cleaned on the day of the survey.</p>	06/14/2013			

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	<p>serving station on 5/20/13 at 1:45 p.m., with the administrator, she indicated the spots on the carpet were dried food from food being thrown into the trash. She indicated the drink station carpet was cleaned every month along with the dining room carpet.</p> <p>During an interview with Floor Care Staff #3 on 5/20/13 at 1:46 p.m., she indicated she had cleaned the dining room carpet on Thursday, May 16, but she did not clean the drink station carpet.</p>		<p>2. The facility does clean the drink station on a monthly scheduled basis and as requested. The schedule for cleaning the drink station has been revised to every 2 weeks and as requested. The floor care person was offered education on the new updated schedule and cleaning the drink station. <u>Education will be completed by June 7, 2013.</u></p> <p>3. The systemic change is that the floor care person will be cleaning the drink station at least every 2 weeks vs monthly and also per request.</p> <p>4. The Administrator or designee will monitor the drink station floor for cleanliness 5 times per week for 30 days then 5 times per month for 150 days then 3 times per month for 180 days to total 12 months of monitoring.</p> <p style="text-align: right;">Quality Assurance Follow-up:</p> <p style="text-align: right;">Results of monitoring will be reported</p>	
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			<p>to the QA committee</p> <p>monthly,</p> <p>for 12 months, to assist</p> <p>with</p> <p>additional recommendations if</p> <p>necessary.</p> <p><u>Date of</u></p> <p><u>Compliance: June 14, 2013</u></p> <p>See attachment</p> <p>#5-Cleaning</p> <p>Schedule</p>		

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R000349	<p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure medication orders were accurate for 1 of 5 residents observed during the medication administration observation. (Resident #R16)</p> <p>Findings include:</p> <p>During the medication administration observation on 5/20/13 at 7:42 a.m., LPN #5 gave Resident #R16 2 timed puffs from her Symbicort inhaler.</p> <p>The physician orders for Resident #R16 were reviewed on 5/20/13 at 8:06 a.m.</p> <p>The resident had a current physician order for Symbicort 160-4.5 (bronchodilator) inhale 1 puff by mouth twice daily with spacer. The original date of this order was 9/14/12</p> <p>During an interview with the Unit</p>	R000349	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. <u>Our date of compliance is June 14, 2013.</u></p> <p><u>R 349</u> 410 IAC 16,2-5-8(a)(1-4) CLINICAL RECORDS-NONCOMPLIANCE</p> <p>-</p> <p>It is the intent of this facility to ensure medication orders are accurate.</p>	06/14/2013			

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	<p>Manager on 5/20/13 at 8:10 a.m., she indicated the resident was to receive 2 puffs from the inhaler. Additional information was requested related to the Symbicort inhaler physician order.</p> <p>During an interview with the Unit Manager on 5/20/13 at 8:17 a.m., she indicated the original order was written as 2 inhalations twice a day with spacer. She indicated she had transcribed the order wrong. The directions on the medication were correct and the resident has been receiving the correct dose of the medication.</p> <p>The undated policy for "Transcribing Orders" was provided by the RN Consultant on 5/20/13 at 5:16 p.m. The policy indicated orders should be written as given by the physician and if they are unclear they should be clarified by the physician. The policy indicated "...3. Must be complete. Medication orders require: drug, dosage, route of administration, and frequency of administration AND associated diagnosis....PRN [as needed] medications also require a reason for giving the medication, such as fever, headache, constipation, pain, etc. and frequency of use...."</p>		<p>1. Resident R16 is receiving the Symbicort per physician's order.</p> <p>2 The facility has completed a 100% audit of all residents medication orders to verify that they are transcribed correctly.</p> <p>3 The systemic change includes that all new admission and new medication orders will be reviewed in Clinical Daily Meeting (Monday through Friday) by the Unit Manager or designee to verify accuracy. Education will be offered to all nursing licensed personnel on verifying and transcription of medication orders. <u>Education will be completed by June 7, 2013.</u></p> <p>- All new licensed nursing personnel will be offered education on verifying</p>		

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	The undated policy for "Transcribing Orders" was provided by the RN Consultant on 5/20/13 at 5:16 p.m., and she indicated it was the same policy the health care facility used. The policy indicated orders should be written as given by the physician and if they are unclear they should be clarified by the physician.		<p>and transcription of medication orders.</p> <p>-</p> <p>4. The DON or designee will audit new Admissions and all new orders 5 days a week for 30 days then 5 days per month for 150 days then 3 months for 180 days to total 12 months of monitoring.</p> <p>Quality Assurance Follow-up:</p> <p>Results of audits will be reported to the QA committee monthly, for 12 months, to assist with additional recommendations if necessary.</p>	

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			<p><u>Date of</u> <u>Compliance: June 14, 2013</u></p> <p>See Attachment #4, #6 Resident Audit Tool #5 Education Logs #4,#5</p>	
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