

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155628	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/01/2012
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NAME OF PROVIDER OR SUPPLIER BRIARWOOD HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N CENTRAL AVE INDIANAPOLIS, IN 46205
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F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00117888.</p> <p>Complaint IN00117888 -Substantiated. Federal/State deficiencies related to the allegation(s) are cited at F309.</p> <p>Survey date(s): 10/29, 30, 31, & 11/1/2012</p> <p>Facility number: 009569 Provider number: 155628 AIM number: 200139920</p> <p>Survey team: Lora Brettnacher, RN-TC Christi Davidson, RN Connie Landman, RN Diane Zgonc, RN</p> <p>Census bed type: SNF/NF: 86 Total: 86</p> <p>Census payor type: Medicare: 5 Medicaid: 80 Other: 1 Total: 86</p>	F0000		
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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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	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 11/7/12 Cathy Emswiler RN</p>			

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F0282 SS=E	<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 follow physician's orders for obtaining laboratory results and failed to follow physician's orders for medication administration for 6 of 37 residents reviewed for following physician's orders. (#92, #122, #103, #54, #11, #105)</p> <p>Findings include:</p> <p>1. The record for Resident #92 was reviewed on 10/31/12 at 3:22 p.m.</p> <p>Diagnoses included but were not limited to hypoglycemia, encephalopathy, schizophreniform disorder, congestive heart failure and diabetes.</p> <p>A physician's order dated 10/17/12 indicated to discontinue an order created 3/18/12 for Divalproex Sodium [valproic acid] 500 mg by mouth every morning.</p> <p>A recapitulation for Resident #92 for October 2012 with a physician's order dated 10/17/12 indicated,</p>	F0282	<p>The following Plan of Correction constitutes our written allegation of compliance for the deficiencies cited. Submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by State and Federal law.1. Medication for resident #11 was removed from cart and returned to the pharmacy. Medication error report was completed. Labs for resident #92, #122, #54, and #105 were obtained immediately. The order for resident #103 was corrected.2. All residents have the potential to be affected. Audit of all lab orders will be conducted and corrected if indicated.3. Pharmacy will in service nursing staff on medication administration. Nursing staff will be in serviced on medication order procedure. Nurses will be in serviced on lab procedure.4. DON/Designee will audit lab orders five times per week times one month, then weekly times two months, then monthly. Results of audits will be reported to the Quality Assurance Committee for any action. DON/Designee will audit</p>	12/01/2012			

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	<p>"...Divalproex Sodium 250 mg oral...schizophreniform disorder...give 1 tablet orally every morning...."</p> <p>A recapitulation for Resident #92 for October 2012 with a physician's order dated 9/24/12 indicated, "...Obtain VPA [valproic acid] level next lab day and then every 3 months...."</p> <p>An electronic Medication Administration Record dated for September 2012 indicated Resident #92 received Divalproex Sodium 500 mg by mouth everyday at 9:00 a.m.</p> <p>An electronic Medication Administration Record dated for October 2012 indicated Resident #92 received Divalproex Sodium 500 mg by mouth from October 1 through October 17, 2012 at 9:00 a.m. and then received Divalproex Sodium 250 mg by mouth from October 18 through October 31, 2012 at 9:00 a.m.</p> <p>A laboratory requisition dated as specimen collected 9/24/12 indicated a specimen was collected to obtain a Vitamin D level.</p> <p>The record lacked documentation that the valproic acid level was obtained.</p>		<p>discontinued medication orders for removal from cart and return to pharmacy five times per week times two, then weekly times two then monthly. Results of the audit will be presented to the Quality Assurance Committee for any action. DON/Designee will complete five random audits of orders for accurate transcription five times per week times two, then weekly times four then monthly. Results of the audits will be presented to the Quality Assurance Committee for any action. 5. Date of compliance, December 1, 2012 Please see attached letter for request on paper compliance.</p>				

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	<p>During an interview on 11/1/12 at 9:30 a.m., the DoN was asked to provide all lab results for Resident #92 for August, September and October 2012.</p> <p>During an interview on 11/1/12 at 11:15 a.m., the facility Nurse Consultant was asked to provide documentation of the valproic acid level ordered from 9/24/12.</p> <p>During an interview on 11/1/12 on 1:09 p.m., the facility Nurse Consultant indicated the valproic acid level was not obtained for Resident #92 and would be drawn today.</p> <p>2. The record for Resident #122 was reviewed on 10/30/12 at 2:43 p.m.</p> <p>Diagnoses included but were not limited to alcohol withdrawal, shortness of breath, chronic airway obstruction, and abnormal glucose.</p> <p>A care plan for Resident #122 dated as initiated on 10/15/12 indicated, "Alteration in hematological status [sign for related to] anticoagulant side effects...Obtain lab/diagnostic work as ordered...."</p> <p>A physician's progress note for</p>			

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	<p>Resident #122 dated 10/29/12 indicated, "...DVT [deep vein thrombosis]: continue coumadin [anticoagulant]...."</p> <p>A recapitulation for Resident #122 for October 2012 with a physician's order dated 10/12/12 indicated, "...Warfarin Sodium [anticoagulant], 2.5 mg...by mouth daily.</p> <p>An electronic Medication Record dated for October 2012 indicated Resident #122 received Warfarin Sodium 2.5 mg by mouth on October 13, 14 and 15, 2012 at 5:00 p.m.</p> <p>A recapitulation for Resident #122 with a physician's order dated 10/15/12 indicated, "Obtain PT/INR [laboratory value to monitor anticoagulation] in am, then weekly...."</p> <p>A laboratory requisition dated 10/16/12 indicated a specimen was collected and the PT/INR results were recorded and reported to the nurse practitioner.</p> <p>A physician's order dated 10/16/12 indicated to discontinue Warfarin Sodium 2.5 mg by mouth daily and start Warfarin Sodium 3.0 mg by mouth daily.</p>				

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	<p>An electronic Medication Record dated for October 2012 indicated Resident #122 received Warfarin Sodium 3.0 mg by mouth October 16 through October 30, 2012 at 5:00 p.m.</p> <p>The record lacked documentation of PT/INR laboratory results for October 23rd or October 30, 2012.</p> <p>During an interview on 10/31/12 at 1:10 p.m., LPN #4, the unit manager, indicated there was a laboratory tracking book. Resident #122's PT/INR results for October 23rd and October 30, 2012 were requested.</p> <p>During an interview on 10/31/12 at 3:45 p.m., the DoN indicated an order was entered to obtain Resident #122's blood immediately for PT/INR results because the laboratory specimen had not been drawn since the results documented on 10/16/12. The DoN indicated the nurse must verify an order entered by the nurse practitioner before the order shows up to be done. The DoN indicated there was an error, and the order was not verified by a facility nurse. The DoN indicated the laboratory staff was notified to draw the blood specimen STAT [immediately].</p>				

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	<p>A laboratory requisition dated 10/31/12 indicated PT/INR results.</p> <p>A physician's order dated 11/1/12 indicated the dosage of Warfarin Sodium had been increased to 3.5 mg by mouth everyday.</p> <p>3. The record for Resident # 54 was reviewed on 10/30/12 at 3:18 p.m.</p> <p>Diagnoses included but were not limited to malignant lymphomas, osteomyelitis, backache, hypertension and anemia.</p> <p>A recapitulation for Resident #54 for October 2012 with a physician's order dated 7/3/12 indicated a basic metabolic panel and a complete blood count with differential was ordered weekly due to hypopatassemia (sic) [low potassium] and acute osteomyelitis [infection of the bone].</p> <p>A laboratory requisition for Resident #54 dated 10/8/12 indicated results for blood chemistry which included results for a potassium level and complete blood count. The laboratory requisition had a hand written note that the physician was notified.</p>			

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	<p>A laboratory requisition for Resident #54 dated 10/15/12 indicated the phlebotomist was unable to obtain enough specimen for testing, and a second phlebotomist would be sent.</p> <p>A laboratory requisition for Resident #54 dated 10/22/12 indicated the phlebotomist was unable to obtain enough specimen for testing, and a second phlebotomist would be sent.</p> <p>A laboratory requisition for Resident #54 dated 10/29/12 indicated the phlebotomist was unable to obtain enough specimen for testing, and a second phlebotomist would be sent.</p> <p>A progress note dated 10/31/12 at 7:40 a.m. indicated the physician's office was notified the phlebotomist was unable to obtain a blood specimen.</p> <p>A progress note dated 11/1/12 at 10:09 a.m. indicated the laboratory order was discontinued by the physician.</p> <p>During an interview on 10/31/12 at 1:14 p.m., LPN #4, the unit manager, indicated, "Oh, she is a hard draw."</p> <p>During an interview on 10/31/12 at 3:48 p.m., the DoN indicated the</p>				

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	<p>laboratory was supposed to send out another phlebotomist when labs could not be drawn.</p> <p>The record lacked documentation of laboratory results weekly since most recent labs recorded on October 8, 2012. and lacked documentation that a second phlebotomist attempted blood draws.</p> <p>4. The record for Resident #103 was reviewed on 10/31/12 at 3:30 p.m.</p> <p>Diagnoses included but were not limited to diabetes, hypertension, osteoporosis and coronary atherosclerosis.</p> <p>A recapitulation for Resident #103 for October 3 through October 31, 2012 with a physician's order dated 10/3/12 indicated, "...Lipitor (Artorvastatin Calcium) 10 mg...orally once a day at bedtime...."</p> <p>During a medication pass observation on 10/31/12 at 9:28 a.m., LPN #7 administered Lipitor 10 mg to Resident #103.</p> <p>An electronic Medication Administration Record for Resident #103 for October 2012 indicated Resident #103 received Lipitor 10 mg</p>						

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	<p>by mouth everyday from October 5th through October 31, 2012 at 9:00 a.m.</p> <p>During an interview on 10/31/12 at 1:17 p.m., LPN #7 confirmed by observing the electronic Medication Administration screen that she had administered Lipitor 10 mg to Resident #103 at 0900 [9:00 a.m.]. She did not know why the electronic Medication Administration screen gave the option to administer Lipitor in the morning instead of at bedtime as ordered.</p> <p>5. The record for Resident #11 was reviewed on 11/1/12 at 10:37 A.M.</p> <p>Diagnosis for Resident # 11 included but were not limited to, hypertension, chronic kidney disease (stage 3), dementia, depressive disorder, anxiety, osteoarthritis, esophageal reflux and insomnia.</p> <p>The current physician's orders for October indicated the resident had a medication</p>			

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	<p>order change on October 8, 2012 for citalopram (celexa, an antidepressant) to 10 milligrams (mg) a day from 20 mg a day.</p> <p>During observation of medication pass on the 400 Hall North Unit on 10/31/12 at 9:00 A.M., LPN # 3 administered Resident # 11 previous order of celexa 20 mg daily. During an interview with LPN #3 on 10/31/12 at 9:30 A.M., she indicated the medication order had been changed to 10 mg daily on 10/8/12.</p> <p>During an interview with the Nurse Consultant on 10/31/12 at 2:30 P.M., she indicated it's still a medication error but the resident was only administered one incorrect dose. We checked when the medications were delivered and all doses are accounted for but this one. The previous medication card was not removed from the cart.</p> <p>6. Resident #105's record was reviewed on 10/30/2012 at 3:00 P.M. Resident #105 was admitted on 6/27/2012 and had current diagnoses which included but were not limited to Cerebral embolism with cerebral infarction, atrial fibrillation,</p>			

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	<p>renal failure, hypertension, and epilepsy.</p> <p>Resident #105 had a current physician order dated 9/18/2012 for coumadin (blood thinner) 7.5 mg (milligram) by mouth early evening every day. She had a current physician order dated 10/1/2012 for a PT/INR (lab test to measure how thin or thick the blood was) every three days.</p> <p>During an interview on 11/1/2012 at 9:15 A.M., the Administrator and the Corporate Nurse Consultant were asked to provide all labs completed in October 2012 for Resident 105. Documentation of PT/INR lab results were provided for the following dates: 10/2/2012, 10/5/2012, 10/8/2012, 10/20/2012, and 10/26/2012.</p> <p>During an interview on 11/1/2012 at 11:15 P.M., the Corporate Nurse Consultant was again asked if there were any other PT/INR labs completed for Resident #105 in October 2012. She indicated the facility monitored residents on anticoagulant therapy with a two step program which included a lab book and a PT/INR flow sheet. She indicated if lab results were not available staff were not to administer Coumadin.</p> <p>During an interview on 11/1/2012 at 1:30 P.M., the Corporate Nurse Consultant</p>				

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	<p>stated,"The labs were not done." She indicated the five additional ordered PT/INR labs were not obtained. Resident #105's Medication Administration Record indicated Resident #105 was administered Coumadin 7.5 MG (milligrams) every day in October 2012.</p> <p>3.1-35(g)(2)</p>			

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F0309 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 the appropriate transportation service was utilized to transport a resident who was in need of emergency services for 1 of 37 residents reviewed for quality of care (Resident #B).</p> <p>Findings:</p> <p>Resident #B's record was reviewed on 10/31/2012 at 1:30 P.M. Resident #B was admitted to the facility on 7/28/2012 and had current diagnoses which included but were not limited to diabetes type II, blindness both eye, congestive heart failure, hypertension, cerebral artery occlusion with infarct, history of urinary tract infections, chronic pancreatitis, and atrial fibrillation.</p> <p>A nurse's note dated 10/9/2012 10:26 A.M. (late entry) indicated, "Type: Change in condition vital signs: b/p 90/50, temp 98.9 axillary, pulse 75,</p>	F0309	The following Plan of Correction constitutes our written allegation of compliance for the deficiencies cited. Submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by State and Federal law.1. Unable to correct resident #B due to it occurring in the past.2. All residents have the potential to be affected.3. Nursing will be in serviced on transportation procedures.4. DON/Designee will audit all transfers to the hospital five times per week times one month then weekly times two then monthly. Results of audits will be reported to the Quality Assurance Committee for any action.5. Date of compliance, December 1, 2012.Please see attached letter for request on paper compliance.	12/01/2012			

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	<p>resp 18. Level of consciousness: resident was very lethargic, but was able arouse. Describe the change in condition: resident was very lethargic, but was able arouse Resident refuse to eat breakfast or drink any fluids. writer notified MD. MD gave orders to get CMP, CBC with diff Stat. . .Staff observed resident, Lab orders called in. . ."</p> <p>A nurse's note dated 10/9/2012 3:20 P.M. indicated, "Type Physician's Order Note-New order received and noted to send resident to ER (emergency room) for eval/treat due to alteration in LOC (level of conscientiousness) and lethargy. (non-medical transportation named) to transport."</p> <p>A nurse's note dated 10/9/2012 at 6:47 P.M. (3 hours and 27 minutes after the order was received to send Resident #B to the ER for evaluation) indicated, "Res. (resident) was transported to Methodist hosp for evaluation. Transported by (non-medical transportation named)."</p> <p>During an interview on 10:31 A.M. at 8: A.M., Licensed Practical Nurse (LPN) #5 stated, "If it was an emergency we would call (transportation named) who has the</p>				

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	<p>capability to have medical person or 911. (Transportation named) is for non-emergency. If we had an order to send a resident to the ER to be evaluated we would not call (non-medical transportation named) we would call (medical transportation named) or 911." LPN 5 indicated examples of emergency were: change in mentation, broken hip or bone, and a blood sugar below 40.</p> <p>During an interview on 10/31/2012 at 8:38 A.M., LPN #1 stated, "If I had order to send to the ER to be evaluated. I would call 911 if critical or (medical transportation named) if not critical. I would not use (non-medical transportation named).</p> <p>During an interview on 10/31/2012 at 9:00 A.M., LPN #6 stated, "If it was a change in mental status we would call 911 or (medical transportation named).</p> <p>During an interview on 10/31/2012 at 2:05 P.M., the Director of Nursing (DON) indicated the facility would call 911 or use another transportation which provided medical personal to transport a resident who needed to be evaluated in the emergency room. The facility only utilized the non-medical transportation for</p>			

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	<p>scheduled appointments and dialysis. The DON indicated Resident #B was sent out incorrectly. The nurse made a mistake and did not follow the facility's policy. During this interview documentation of the transportation papers sent with Resident #B to the ER and the facility's policy regarding emergency transportation to the ER were requested.</p> <p>During an interview on 11/1//2012 at 1:30 P.M., the Corporate Nurse Consultant indicated documentation of transport papers being sent with Resident #B were not available.</p> <p>A current facility policy titled "Emergency" dated 3/12/2012 and provided by the Corporate Nurse Consultant on 11/1/2012 at 8:30 A.M. indicated, "Purpose: To provide emergency care to residents with serious or potentially life-threatening injuries or illness. . .In the event of emergencies requiring medical support not available within the facility, the staff will immediately call 911 for emergency assistance.</p> <p>A current facility policy titled "Discharge Procedures" dated 1/2012 and provided by the Corporate Nurse Consultant on 10/31/2012 at 4:11 P.M. indicated, "Purpose: 1. To</p>				

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	<p>provide safe discharge from the facility and continuity of care at destination. 2. To ensure all pertinent information relating to the discharge of a resident is recorded. . .</p> <p>Print and complete the "Transfer/Discharge Record" in layman's terms. Send the original with the resident and maintain a copy in the resident's current overflow file.</p> <p>This Federal tag relates to Complaint IN00117888.</p> <p>3.1-37(a)</p>				

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F0406 SS=D	<p>483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES</p> <p>If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>Based on record review and interview the facility failed to ensure Preadmission Screening and Resident Review (PASRR) recommendations were followed for 1 of 1 resident reviewed for PASRR (Resident #4).</p> <p>Findings include:</p> <p>The record for Resident # 4 was reviewed on 10/31/12 at 9:49 A.M.</p> <p>Diagnoses for Resident # 4 included but were not limited to, mental retardation, cerebral palsy, cardiovascular disease, hypertension and depressive disorder.</p> <p>The most current PASRR dated 11/8/11 recommended the resident would benefit from ongoing</p>	F0406	<p>The following Plan of Correction constitutes our written allegation of compliance for the deficiencies cited. Submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by State and Federal law.1. Services for resident #4 were followed.2. All residents with diagnosis of mental illness/mental retardation have the potential to be affected. Social Services will audit all Level II's and DD forms that services recommended are being provided.3. Social Services staff were in serviced on addressing recommendation for specialized rehabilitative services.4. Social Service staff will audit Level II and DD forms that services recommended are being provided monthly times three then quarterly. Results of the audit will be presented to the Quality</p>	12/01/2012

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	<p>participation in habilitation services. The record lacked any documentation that Resident # 11 attended any group or one on one programs.</p> <p>A social service note indicated the habilitation services for Resident # 11 had ceased on 6/6/12 and the record lacked documentation of any participation in other specialized programs.</p> <p>During an interview with the Social Service Director (SSD) on 10/31/12 at 1:56 P.M., she indicated she was new and would have to research past social services notes to determine what was done. I will get back with you on what is currently going on. During a 2nd interview at 2:15 P.M., the SSD indicated she was provided one on one services with [name of company] but they no longer exist. I will check to see if the resident would like to be involved in another program.</p> <p>During an interview with the Social Services Director on 11/1/12 at 8:45 A.M., she indicated a call had been placed to the Bureau of Developmental Disability Service (BDDS) for Level II resources. SSD was provided information as to what was available for the resident and the</p>		Assurance Committee for any action.5. Date of compliance, December 1, 2012.Please see attached letter for request on paper compliance.				

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	<p>information is being faxed. SSD also indicated she had spoken to resident and she may be interested in participating in some sort of specialized program. SSD indicated she had spoken to BDDS and the process had been started yesterday (10/31/12).</p> <p>3.1-23(a)(2)</p>			