| 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 11/25/2014 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ROSEWOOD MANOR | 5200 S BURLINGTON DR<br>MUNCIE, IN 47302 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| R000000 | This visit was for a State Residential Licensure Survey.<br><br>Survey Date: November 25, 2014<br><br>Facility number: 000312<br>Provider number: 000312<br>AIM number: N/A<br><br>Survey Team:<br>Karen Lewis, RN-TC<br>Toni Maley, BSW<br>Ginger McNamee, RN<br>Tina Smith-Staats, RN<br><br>Census bed type:<br>Residential: 35<br>Total: 35<br><br>Census payor type:<br>Other: 35<br>Total: 35<br><br>Sample: 6<br><br>This state finding is cited with accordance with 410 IAC 16.2-5.<br><br>Quality review completed by Debora Barth, RN. | R000000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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| R000298 | 410 IAC 16.2-5-6(c)(2)<br>Pharmaceutical Services - Deficiency<br>(2) A consultant pharmacist shall be employed, or under contract, and shall:<br>(A) be responsible for the duties as specified in 856 IAC 1-7;<br>(B) review the drug handling and storage practices in the facility;<br>(C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping;<br>(D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and<br>(E) review the drug regimen of each resident receiving these services at least once every sixty (60) days.<br>Based on interview and record review, the facility failed to ensure each resident's drug regimen was reviewed by the pharmacist every 60 days for 5 of 5 residents reviewed for pharmacy services (Residents #R1, #R2, #R3, #R4 and #R5).<br><br>Findings Include:<br><br>1. Resident #R1's clinical record was reviewed on 11/25/14 at 9:30 a.m. Resident #R1's current diagnoses included, but were not limited to, anemia, gout and macular degeneration. Resident #R1's clinical record indicated her last pharmacy review was 8/3/14 (a period of more than 60 days). | R000298 | Submissionof the Plan of Correction does not constitute an admission to or agreement withfacts alleged on the survey report. **16.2-5-6(c)(2) Corrective action for residentsaffected:** Thefacility shall ensure that the consulting pharmacist will comply with allregulations and be at facility every 60 days, **How will we identify other residentswith the potential to be affected and corrective action taken?** Allresidents have the potential to be affected. **Measures to ensure practice does notrecur:** Aformal letter has been sent to the consulting pharmacist as a reminder to themof their responsibilities. A subsequent letter will be sent every 45 daysthereafter as a reminder. | 12/31/2014 |

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| | 2. Resident #R2's clinical record was reviewed on 11/25/14 at 9:09 a.m. Resident #R2's current diagnoses included, but were not limited to, major depression, anemia and diabetes. Resident #R2's clinical record indicated her last pharmacy review was 8/3/14 (a period of more than 60 days).<br>3. Resident #R3's clinical record was reviewed on 11/25/14 at 9:33 a.m. Resident #R3's current diagnoses included, but were not limited to, schizophrenia and diabetes. Resident #R3's clinical record indicated her last pharmacy review was 8/3/14 (a period of more than 60 days).<br>4. Resident #R4's clinical record was reviewed on 11/25/14 at 9:15 a.m. Resident #R4's current diagnoses included, but were not limited to, schizophrenia and allergic rhinitis. Resident #R4's clinical record indicated his last pharmacy review was 8/3/14 (a period of more than 60 days).<br>5. Resident #R5's clinical record was reviewed on 11/25/14 at 10:10 a.m. Resident #R5's current diagnoses included, but were not limited to, acute renal failure and dysphasia. Resident | | **This corrective action will be monitoredby:** Theadministrator and director of nursing will monitor this monthly and bi-monthlyby ensuring compliance with bi-monthly visits and charting accordingly byconsultant pharmacist. **POC Completed by 12-31-14** | |

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| | #R5's clinical record indicated her last pharmacy review was 8/3/14 (a period of more than 60 days).<br>During an 11/25/14, 9:57 a.m., interview, the Director of Nursing indicated the Pharmacy Consultant had not been in the building since the last date on the pharmacy review sheet (8/3/14) in the resident's chart. She additionally indicated there had been "changes" with the pharmacy consultant.<br>During an 11/25/14, 11:10 a.m., interview, QMA #1 indicated Residents #R1, #R2, #R3, #R4 and #R5 all have medications which were secured in the facilities medication cart. | | | |