

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155446	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/16/2013
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NAME OF PROVIDER OR SUPPLIER COVINGTON MANOR HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5700 WILKIE DR FORT WAYNE, IN 46804
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F000000	<p>This visit was for the Investigation of Complaint #IN00137725.</p> <p>Complaint #IN00137725 - Substantiated. Federal deficiencies related to the allegations are cited at F282 and F309.</p> <p>Survey dates: October 15 and 16, 2013.</p> <p>Facility number: 000476 Provider number: 155446 AIM number: 100290870</p> <p>Survey team: Diane Nilson, RN, TC Carol Miller, RN Rick Blain, RN Tim Long, RN</p> <p>Census bed type: SNF/NF: 115 Total: 115</p> <p>Census payor type: Medicare: 10 Medicaid: 69 Other: 36 Total: 115</p> <p>Sample: 4</p>	F000000	<p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	

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 by Debora Barth, RN.</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 follow physician orders regarding administration of Peritoneal Dialysis, for 1 of 2 residents reviewed for Peritoneal Dialysis, in a sample of 4, Resident #E.</p> <p>Findings include:</p> <p>The record for Resident E was reviewed, at 12:02 p.m., on 10/15/13 and indicated diagnoses including, but not limited to: End Stage Renal Disease and Diabetic Neuropathy.</p> <p>Current physician orders for October 2013, indicated the resident was to receive Catheter Access Peritoneal Dialysis (CAPD) exchange, 1.5% times 4 through out the night.</p> <p>A nursing note, dated 9/5/13, at 3:00 p.m., indicated, "Dialysis did not run last night. Dialysis was primed but not hooked up."</p> <p>The Director of Nursing Services (DNS) was interviewed, at 3:50 p.m.,</p>	F000282	<p>1. Resident E has been discharged home. All pertinent dialysis information will be entered into SigmaCare for future CAPD residents as a guideline and reminder for the nurse to run and sign off dialysis treatment per physician order. Staff Development and Rehab Unit Manager went to Dialysis Center for CAPD training. Employees are currently being in-serviced and checked off on CAPD by Staff Development. 2. All residents receiving CAPD were audited and no other residents were affected. 3. DON or designee will conduct random observations 3 days a week for one month, then 2 days a week for a month and then monthly for three months. 4. Audits will be reviewed by Executive Director monthly and by the Medical Director quarterly in QA meetings. 5. Alleged Compliance: October 28</p>	10/28/2013	

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	<p>on 10/15/13, and confirmed the resident did not receive the Peritoneal Dialysis exchange which was supposed to be hooked up at approximately 9:00 p.m., on 9/4/13 and infuse throughout the night. She indicated LPN #5 had worked on the evening shift on 9/4/13, and had set everything up for the Dialysis exchange, but neglected to start the exchange.</p> <p>This Federal tag relates to Complaint #IN00137725.</p> <p>3.1-35(g)(2)</p>				

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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 a nursing assessment was completed after a resident experienced a change in condition. This affected 1 of 3 residents reviewed for Diabetic control, Resident #E.</p> <p>Findings include:</p> <p>The record for Resident E was reviewed, at 12:02 p.m., on 10/15/13, and indicated diagnoses including, but not limited to: End Stage Renal Disease and Diabetic Neuropathy.</p> <p>Review of the Medication Administration Record (MAR) for August, 2013, indicated the resident was receiving accuchecks before meals and at bedtime, and was on a sliding scale Novolin R Insulin coverage at 7:00 a.m., 11:00 a.m., 5:00 p.m., and 9:00 p.m. According to documentation on the MAR for August 14, 2013, the resident received 2 units of insulin at</p>	F000309	<p>1. Resident E has been discharged home. 2. DON/designee completed blood sugar monitoring form 9/1/13 to 10/23/13 to identify any out of parameter ranges of Hypo/Hyperglycemia of all diabetics in the facility. No other residents were found to be affected by the deficient practice. 3. Nursing staff was in-serviced on 10/22 and 10/23 that they are to notify unit manager or designee of all hypo/hyperglycemic episodes. Unit Manager or designee will ensure that SBAR for appropriate condition is completed in its entirety. All Hyper/hypoglycemic SBAR's will be brought to the morning clinical meeting 5 days/week ongoing. Blood sugar monitoring will be audited by DON/designee bi-weekly for 2 months, monthly for three months. 4. Hypo/Hyperglycemic SBARs will be reviewed monthly for three months by the Executive Director in the QA meeting and quarterly thereafter by the Medical Director.5. Ledged compliance: October 28</p>	10/28/2013			

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	<p>7:00 a.m., for a blood sugar of 200, but no insulin was given at 11:00 a.m. (blood sugar 116) at 5:00 p.m., (blood sugar was 151), or at 9:00 p.m. (blood sugar was 142.)</p> <p>A physical therapy treatment note, dated 8/14/13, and electronically signed by Physical Therapy Assistant (PTA) #9, at 10:58 p.m., on 8/14/13, indicated, "bedside treat blood sugar dropped and lethargic w (with) diif(sic) (difficult) responding monitored vitals BP (blood pressure) HR (heartrate) and O2 (oxygen) sat (saturation) all WNL (within normal limits)."</p> <p>There was no further documentation in the clinical record to indicate a nursing assessment had been completed due to the resident experiencing a change in condition.</p> <p>The Director of Nursing Services (DNS) was interviewed, at 2:35 p.m., on 10/15/13, and indicated Resident E's husband had sent a letter to the facility regarding concerns he had with the resident's care. She indicated an entry on the letter, dated 8/14/13, which indicated the resident had a low blood sugar episode, and Physical Therapy Assistant (PTA) #9 and LPN #8 were present. The entry indicated the husband kept</p>						

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	<p>peppermint candies available just in case and the resident ate one. He indicated the resident also drank some Pepsi-cola and her sugar level came back to a normal range. The entry indicated within 5 minutes the evening meal arrived and within 15 minutes the resident was back to normal.</p> <p>The Therapy Rehab Director was interviewed at 10:35 a.m., on 10/16/13, and indicated PTA #9 was on vacation, but he had contacted her by phone on the evening of 10/15/13. The Rehab Director indicated PTA #9 told him she was doing a treatment at bedside and Resident #E became lethargic, so PTA #9 called nursing into the room. The PTA informed the Rehab Director LPN #8 assessed the resident and her blood sugar was low. She indicated the resident's husband was present at the time the resident became lethargic and gave the resident some peppermint candy and Pepsi.</p> <p>The Rehab Director indicated he reviewed the log reports for the time of the therapy session on 8/14/13, and provided the log report, at 11:15 a.m., on 10/16/13. The report indicated the therapy session with Resident E started at 6:23 p.m., on 8/14/13 and ended at 6:50 p.m.</p>						

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	<p>The DNS was interviewed, at 11:30 a.m., on 10/16/13, and indicated there was no facility policy for hypoglycemia, but LPN #8 should have documented an assessment in the nursing notes and also on a Change of Condition Report - Hypoglycemic Episode form.</p> <p>This Federal tag relates to Complaint #IN00137725.</p> <p>3.1-37(a)</p>				