

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155621	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2016
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NAME OF PROVIDER OR SUPPLIER PINE HAVEN HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 STOCKER DR EVANSVILLE, IN 47720
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00189492.</p> <p>Complaint IN00189492 - Substantiated. Federal/State deficiencies related to the allegations are cited at F 282.</p> <p>Survey dates: March 3 and 4, 2016</p> <p>Facility number: 000442 Provider number: 155621 AIM number: 100266510</p> <p>Census bed type: SNF: 23 SNF/NF: 48 Total: 71</p> <p>Census payor type: Medicare: 18 Medicaid: 33 Other: 20 Total: 71</p> <p>Sample: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
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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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	Quality review completed by #02748 on March 7, 2016.			
F 0282 SS=D Bldg. 00	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.	F 0282	Please accept this plan of correction as our credible allegation of compliance. This plan of correction	04/03/2016

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	<p>Based on observation, interview, and record review, the facility failed to ensure the medication Lasix (a blood pressure medication) was administered as ordered by the physician, for 1 of 5 residents reviewed for medications, in a sample of 7. Resident D</p> <p>Findings include:</p> <p>On Tuesday 3/3/16 at 9:10 A.M., LPN # 1 was observed during a medication pass to administer Resident D his medications. Lasix was not included in the medications. LPN # 1 indicated she had "not passed medications" on the unit for several weeks.</p> <p>The clinical record of Resident D was reviewed on 3/3/16 at 2:45 P.M.</p> <p>Physician orders on the current March 2016 orders, indicated, "Lasix 40 mg tablet 1 tab PO [by mouth] on Sun, Tues, Thurs & Sat Heart Failure."</p> <p>On 3/3/16 at 2:45 P.M., LPN # 1 indicated she had mistakenly not administered the Lasix 40 mg. She indicated she would immediately notify the physician.</p> <p>On 3/4/16 at 11:00 A.M., the Director of</p>		<p>is submitted as part of the regulatory required response and is not to be construed as agreement with the deficiencies cited. The corrections of the cited deficiencies have been, or are expected to be, completed on or before April 03, 2016.</p> <p>Resident D continues to reside at the facility and has not presented with any adverse effects from the omitted Lasix 40 mg. The Physician was notified of the event and an order was received from the physician to administer the Lasix 40 mg on 03/03/16 at approximately 2:50 PM.</p> <p>To enhance currently compliant operations, under the direction of the Director of Nursing (DON), an in-service will be held for all licensed nurses and Qualified Medication Aides (QMA's) employed by the facility to review the six "rights" of medication administration, abbreviations, dosage forms, basics of medication pass, techniques for administering specific medications, and how to avoid medication errors.</p> <p>As all residents have the potential to be affected by the cited deficiency, all licensed nurses and QMA's will be monitored to ensure the accuracy of medication administration. A medication audit tool was developed to use during the monitoring process. The monitoring</p>	

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	<p>Nursing (DON), provided the current facility policy on "Medication Administration," undated. The policy included, "All medications and biological (including common household remedies) will be administered only with a physician's written order. All medication orders should include the name of the medications, dosage, route of administration, frequency of administration and a diagnosis/indication for use...."</p> <p>This Federal tag relates to Complaint IN00189492.</p> <p>3.1-35(g)(2)</p>		<p>will include observing at least 20-25 medications, the techniques and procedures used by staff to handle and administer medications, and whether staff immediately documented the medication administration and/or refusal of the medication. After the medication pass, the results of the monitoring will be compared with the physician's orders to ensure that medications are being administered according to each resident's plan of care. Any errors will be corrected immediately. The monitoring will be completed by the DON/Designee.</p> <p>A Quality Assurance Performance Improvement program (QAPI) was developed to monitor medication administration. After the monitoring of medication administration has been completed for all licensed nurses and QMA's employed at the facility, the DON/Designee will audit three medication passes a week for four weeks, and one time weekly thereafter. Any deficiencies will be corrected immediately and the findings of the quality assurance checks will be submitted to the QAPI for further review, corrective action, and recommendations.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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