

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155738	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/18/2016
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NAME OF PROVIDER OR SUPPLIER  MILTON HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 206 E MARION ST SOUTH BEND, IN 46601
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00202103.</p> <p>Complaint IN00202103 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282.</p> <p>Survey dates: August 16, 17 and 18, 2016.</p> <p>Facility number: 001141 Provider number: 155738 AIM number: 200905640</p> <p>Census bed type: SNF/NF: 26 Residential: 27 Total: 53</p> <p>Census payor type: Medicare: 2 Medicaid: 11 Other: 13 Total: 26</p> <p>Sample: 6</p> <p>This deficiency reflects State findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 14454 on</p>	F 0000	<p>Disclaimer and Credible Allegation of Compliance The preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the Complaint Survey 08/16-18/2016. Please accept this Plan of Correction as The Milton Home's credible allegation of compliance effective September 17, 2016. The Milton Home respectfully requests a desk review with paper compliance to be considered in establishing that the provider is insubstantial compliance.</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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F 0282 SS=D Bldg. 00	<p>August 24, 2016.</p> <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 staff correctly followed the physician's order regarding administering insulin for 2 of 3 people reviewed for insulin administration. (Resident B and Resident C)</p> <p>Findings include:</p> <p>1. On 8/16/16 at 2 P.M., the clinical record for Resident B was reviewed. Resident B was admitted on 07/02/16. The diagnoses included, but were not limited to, diabetes mellitus, Parkinson ' s and Lewy body dementia.</p> <p>A physician's order, dated 07/04/16, indicated, "... NOVOLOG [a rapid acting insulin used to lower blood sugar levels] INJ [inject] 100/ML [milliliters] INJECT PER SLIDING SCALE THREE TIMES DAILY AFTER MEALS; 151 - 200 = INJECT 2 UNITS, 201 - 250 = INJECT 4 UNITS, 251 - 300 = INJECT 6 UNITS, 301 - 350 = INJECT 8 UNITS,</p>	F 0282	<p>1. Residents A &amp; B has had their Medication Administration Record rewritten for clarification. 2.. All Residents who require administration of insulin have been reviewed and Medication Administration Records have been reconciled; updated Capillary Blood Glucose Flow Sheets for further monitoring of Blood Glucose monitoring and administration of insulin per prescribed Sliding Scale have been revised and implemented. 3. Director of Nursing provided in-service on Revised Capillary Blood Glucose Flow Sheets and Transcription of Sliding Scale Insulin ranges/orders on August 28th. Audits and or observations related to Administration and documentation will be conducted by the DON or designee 2 x per week, x 4 weeks, then monthly x 5 months to ensure compliance. 4. All Sliding Scale Insulin Orders, transcriptions and Capillary Blood Glucose Flow Sheets will be reviewed by DON or designee 2x per week, x 4 weeks, then monthly x 5 months to ensure compliance. The results</p>	09/17/2016			

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	<p>351 - 400 = INJECT 10 UNITS...."</p> <p>Review of Resident B's "Capillary Blood Glucose Monitoring Tool" indicated Resident B had been administered Novo log insulin as follows:</p> <p>On 08/04/16 at 4 P.M., blood glucose was documented as 218. Two (2) units of Novolog were documented as administered. The physician's order indicated 4 units were to be administered.</p> <p>On 08/11/16 at 11:00 A.M., the blood glucose was documented as 200. Zero (0) units of Novolog were documented as administered. The physician's order indicated 2 units were to be administered.</p> <p>08/14/16 at 4:00 P.M., the blood glucose was documented as 187. Zero (0) units of Novolog were documented as administered. The physician's order indicated 2 units were to be administered.</p> <p>On 08/14/16 at 8:00 P.M., the blood glucose was documented as 275. Two (2) units of Novolog were documented as administered. The physician's order indicated 6 units were to be administered.</p> <p>2. On 08/17/16 at 2:00 P.M., the clinical record for Resident C was reviewed. Resident C was admitted to the facility</p>		of the audit and or observations will be reported, reviewed and trended for compliance through the facility Quality Assurance Committee for a minimum of 6 months, then randomly thereafter for further recommendations.				

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	<p>on 06/24/16. The diagnoses included, but were not limited to, diabetes mellitus, chronic airway obstruction, atrial fibrillation and mild cognitive impairment.</p> <p>A physician's order, dated 07/04/16, indicated, "... NOVOLOG INJ 100/ML INJECT PER SLIDING SCALE THREE TIMES DAILY AFTER MEALS; 151 - 200 = INJECT 2 UNITS, 201 - 250 = INJECT 4 UNITS, 251 - 300 = INJECT 6 UNITS, 301 - 350 = INJECT 8 UNITS, 351 - 400= INJECT 10 UNITS...."</p> <p>Review of Resident C's "Capillary Blood Glucose Monitoring Tool" indicated Resident B had been administered Novolog insulin as follows:</p> <p>On 08/01/16 at 4:00 P.M., the blood glucose was documented as 353. Eight (8) units of Novolog were documented as administered. The physician's order indicated 10 units were to be administered.</p> <p>On 08/12/16 at 11:00 A.M., the blood glucose was documented as 274. Two (2) units of Novolog were documented as administered. The physician's order indicated 6 units were to be administered.</p>			

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	<p>On 08/16/16 at 11:00 A.M., the blood glucose was documented as 245. Six (6) units of Novolog were documented as administered. The physician's order indicated 4 units were to be administered.</p> <p>On 08/16/16 at 8:00 P.M., the blood glucose was documented as 295. Four (4) units were documented as administered. The physician's order indicated 6 units were to be administered.</p> <p>On 08/17/16 at 2:45 P.M., the Director of Nurses (DON) was interviewed. The DON indicated that for each of the above documented blood glucose levels the incorrect dose of insulin had been administered. She believed the nurses had read the sliding scale insulin order wrong based on the way the pharmacy had it typed on the Medication Administration Record (MAR).</p> <p>On 08/17/16 at 4:23 P.M., the DON provided a procedure titled " Subcutaneous Injections," and indicated this was the procedure currently used by the facility. The procedure indicated, "Purpose...The purpose of this procedure is to provide guidelines for the administration of medication by subcutaneous injection... Preparation...1. Verify that there is a physician's medication order for this procedure.</p>			

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	<p>Verify the order for resident's name, drug name, dose, time, and route of administration...."</p> <p>This Federal tag is related to Complaint IN00202103.</p> <p>3.1-35(g)(2)</p>				