

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/30/2012
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NAME OF PROVIDER OR SUPPLIER CARMEL HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 118 MEDICAL DR CARMEL, IN 46032
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F0000	<p>This visit was for the Investigation of Complaints IN00114248 and IN00115435.</p> <p>Complaint IN00114248 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282, F329, F332, F425, and F441.</p> <p>Complaint IN00115435 - Substantiated. Federal/State deficiencies related to the allegations are cited at F329 and F332.</p> <p>Unrelated Deficiency cited.</p> <p>Survey Dates: 8/28/12, 8/29/12/ and 8/30/12.</p> <p>Facility Number: 000095 Provider Number: 155181 AIM Number: 100290490</p> <p>Survey Team: Heather Lay, RN - TC Melanie Strycker, RN Janet Stanton, RN</p> <p>Census Bed Type: SNF: 27 SNF/NF: 98 Total: 125</p>	F0000	<p>This plan of correction is to serve as Carmel Health and Living's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Carmel Health and Living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>	
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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>Census Payor Type: Medicare: 17 Medicaid: 87 Other: 21 Total: 125</p> <p>Sample: 11</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 4, 2012 by Bev Faulkner, RN</p>				

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F0282 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 interview and record review, the facility failed to ensure a physician's order to hold insulin when a finger-stick blood sugar test was below 120 was followed, for 1 of 1 residents reviewed who had insulin "Hold" orders; in a sample of 11 residents reviewed. [Resident #B]</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 8/28/12 at 1:30 P.M. The resident was re-admitted to the facility on 6/9/12 following an acute care hospital stay. Readmission diagnoses included, but were not limited to, end-stage renal disease with hemodialysis, left leg above-the-knee amputation, Clostridium Difficile bowel infection, Methicillin-resistant Staphylococcus Aureus infection, and diabetes.</p> <p>On 6/9/12, the physician wrote an order for routine "Levemir [insulin] 16 units by subcutaneous injection, daily at bedtime--Hold for blood sugar less than 120." The physician also wrote orders for routine Novolog [insulin], 4 units subcutaneous</p>	F0282	<p>F282 483.20 (k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>I. Resident B currently resides in the facility and is receiving insulin per physician's order.</p> <p>II. The facility will complete a 100% audit of all residents receiving insulin to determine parameters for holding insulin are followed as ordered. Any issues identified will be corrected immediately.</p> <p>III. The systemic change includes that all residents with parameters to hold insulin will be reviewed in the clinical stand up meeting (Monday through Friday) by the unit manager or designee to determine if insulins were held according to physician ordered parameters.</p>	09/14/2012			

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	<p>three times a day with meals, and Novolog on a sliding scale according to finger-stick blood sugar tests to be done before meals and at bedtime.</p> <p>The July, 2012 M.A.R. [Medication Administration Record] indicated the 8:00 P.M. "Accu-check" [finger-stick blood sugar test] on 7/23, 7/29, and 7/31 was "117." The Levemir was documented as given at 9:00 P.M. on 7/23 and 7/29/12.</p> <p>On 7/18 and 7/26/12, the boxes for the 8:00 P.M. Accu-check were blank, but the Levemir was documented as being given at 9:00 P.M.</p> <p>The August, 2012 M.A.R. indicated the 8:00 P.M. Accu-check on 8/23 was "102." The Levemir was documented as given at 9:00 P.M.</p> <p>On 8/7/12, the box for the 8:00 P.M. Accu-check was blank, but the Levemir was documented as given.</p> <p>In an interview on 8/29/12 at 1:40 P.M., L.P.N.#4 confirmed that the blood sugars on 7/23, 7/29, and 7/31 were "117." She indicated she would need to review the clinical record for additional information.</p> <p>On 8/30/12 at 8:30 A.M., the Director of Nursing provided copies of the "Nurse's</p>		<p>Education will be provided to licensed nurses to include holding medications according to physician ordered parameters.</p> <p>IV. DON/Designee will audit through review of MARs (Medication Administration Records). This review will be done for 100% of MARs 5 times a week for 8 weeks. Following this initial 8 weeks, random review of a minimum of 5 MARs will occur on each of the 6 units (total of 30 records) weekly for 16 weeks, and then monthly for an additional 6 months to total 12 months of audits to determine that medications are provided as ordered by the physician.</p> <p>Any identified concerns from audits will be addressed immediately.</p> <p>The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p>				

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	<p>Medication Notes" from the reverse side of the M.A.R. A note, dated 7/31/12 [no time], indicated "Levemir injection held due to Accu-check less than 120- -Accu-check=117." The August "Nurse's Medication Notes" had 17 entries related to the routine Novolog being held, or refused by the resident. There was no documentation related to the Levemir.</p> <p>This Federal tag relates to Complaint IN00114248.</p> <p>3.1-35(g)(2)</p>			

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F0329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review, the facility failed to monitor blood pressure prior to administering blood pressure medication to ensure the vital signs were within the prescribed parameters, for 1 of 2 residents who had physician's orders to hold the blood pressure medication when the systolic blood pressure was below 120; in a survey sample of 11 residents. [Resident #B]</p> <p>Findings include:</p>	F0329	<p>F329 483.25 DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>I. Resident B currently resides in the facility and blood pressures are being monitored per physician's order.</p> <p>II. The facility will complete a 100% audit of all residents who have physician ordered parameters related to blood</p>	09/14/2012			

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	<p>The clinical record for Resident #B was reviewed on 8/28/12 at 1:30 P.M. The resident was re-admitted to the facility on 6/9/12 following an acute care hospital stay. Readmission diagnoses included, but were not limited to, end-stage renal disease with hemodialysis, left leg above-the-knee amputation, diabetes, Clostridium Difficile bowel infection, Methicillin-resistant Staphylococcus Aureus infection, and hypertension.</p> <p>A physician's order, dated 6/9/12, indicated "Lisinopril [a blood pressure medication] 40 mg. [milligrams] one daily--Hold for systolic blood pressure equal to, or less than, 120."</p> <p>The July, 2012 M.A.R. [Medication Administration Record] listed the order, and had the "equal to" part crossed out. The medication was marked as administered daily. There were no blood pressure measurements listed for the entire month on the M.A.R.</p> <p>The August, 2012 M.A.R. listed the order as initially written, and blood pressures measurements were documented just below the initials of the nurse administering the medication.</p> <p>In an interview on 8/29/12 at 1:40 P.M., L.P.N. #4 indicated there may have been a</p>		<p>pressure medication administration to determine if they are completed as ordered. Any issues identified will be corrected immediately.</p> <p>III. The systemic change includes that all residents with physician ordered parameters related to blood pressure medication will be reviewed in the clinical stand up meeting (Monday through Friday) by the unit manager or designee to determine if blood pressures were obtained per physician order.</p> <p>Education will be provided to licensed nurses to include obtaining blood pressures per physician orders.</p> <p>IV. DON/Designee will audit through review of MARs (Medication Administration Records). This review will be done for 100% of MARs 5 times a week for 8 weeks. Following this initial 8 weeks, random review of a minimum of 5 MARs will occur on each of the 6 units (total of 30 records) weekly for 16 weeks, and then monthly for an additional 6 months to total 12 months of audits to determine that medications are provided as</p>				

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	<p>later clarification of the order, and would have to check to see if the July blood pressure measurements were documented in some other part of the clinical record.</p> <p>At the final exit on 8/30/12 at 3:30 P.M., no additional documentation related to blood pressure measurements taken prior to the administration of the blood pressure medication in July was provided for review.</p> <p>This Federal tag relates to Complaints IN00114248 and IN00115435</p> <p>3.1-48(a)(3)</p>		<p>ordered by the physician.</p> <p>Any identified concerns from audits will be addressed immediately.</p> <p>The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p>		

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F0332 SS=E	<p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. Based on observation, interview, and record review, the facility failed to ensure a medication error rate of less than 5% for 4 of 8 residents observed during medication pass. Six (6) medication errors were observed during 47 opportunities for error resulting in a medication error rate of 12.76%. [Residents N, M, P and O]</p> <p>Findings include:</p> <p>1. On 8/29/12 at 8:20 A.M., Licensed Practical Nurse [LPN] #1 was observed administering medications to Resident N. At that time, Resident N was administered an "Aspirin Enteric Coated" 325 milligram tablet. On 8/30/12 at 9:00 A.M., Resident N's physician's orders were reviewed, dated August 2012. The physician's orders included, but were not limited to, "ASA [aspirin] 81 milligrams by mouth daily..." There were no other physician's orders</p>	F0332	<p>F332 483.25 (m)(1) RESIDENTS FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>I. Residents N,M,O and O currently reside in the facility and are receiving their medications as ordered by the physician.</p> <p>II. The facility will complete a 100% audit to determine residents are receiving medications as ordered. Any issues identified will be corrected immediately.</p> <p>III. The systemic change includes that all newly hired licensed staff will be provided education on medication pass during orientation. Newly hired nurses will demonstrate competency with medication pass prior to receiving an assignment. Education will be</p>	09/14/2012	

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	<p>related to the medication.</p> <p>2. On 8/29/12 at 9:30 A.M., LPN #2 was observed administering medications to Resident M.</p> <p>At that time, Resident M was administered the medication, Donepezil 10 milligrams.</p> <p>On 8/30/12 at 9:10 A.M., Resident M's physician's orders were reviewed, dated August 2012.</p> <p>The physician's orders included, but were not limited to, "Donepezil 10 milligrams take 1 tablet my mouth at bedtime... 9:00 P.M...."</p> <p>There were no other physician's orders related to the medication.</p> <p>3. On 8/29/12 at 10:05 A.M., LPN #2 was observed administering medications to Resident P.</p> <p>At that time, Resident P was administered Glucosamine HCL 1500 milligrams with MSM 1500 Milligrams, 1 tablet.</p> <p>On 8/30/12 at 9:20 A.M., Resident P's physician's orders were reviewed, dated August 2012.</p>		<p>offered to current licensed nursing staff regarding appropriate medication administration.</p> <p>IV. DON/Designee will audit through direct observation of medication pass with licensed nursing staff. These observations will be done with licensed nurses on all shifts 5 times a week for 8 weeks. Following this initial 8 weeks, random review medication pass will occur on each of the 6 units (total of 30 residents) weekly for 16 weeks, and then monthly for an additional 6 months to total 12 months of audits to determine that medications are provided as ordered by the physician.</p> <p>Any identified concerns from audits will be addressed immediately.</p> <p>The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p>		

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	<p>The physician's orders included, but were not limited to, "Glucosamide 1500/MSM, 1500 every morning, 2 by mouth..."</p> <p>There were no other physician's orders related to the medication.</p> <p>4. On 8/29/12 at 11:00 A.M., LPN #3 was observed preparing medications for Resident O.</p> <p>At that time, LPN #3 was mixing the medications in chocolate pudding. She spilled 1 of 4 capsules of "Depakote" on the medication cart. LPN #3 did not replace the spilled capsule and attempted to administer the medication to Resident O [he refused all the pudding].</p> <p>In addition, LPN #3 administered Artificial tears, one drop to Resident O's right eye and Donepezil 10 milligrams.</p> <p>On 8/30/12 at 8:30 A.M., Resident O's physician's orders were reviewed, dated August 2012.</p> <p>The physician's orders included, but were not limited to, "Divaloprex [Depakote] capsule 125 milligrams take 4 capsules by mouth once daily... 9A, Systane [Artificial Tears] Solution, apply to both eyes twice daily... 9A and 5P, and Donepezil 10 milligrams 1 tablet by</p>						

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	<p>mouth at bedtime... 9P..."</p> <p>There were no other physician's orders related to the above medications.</p> <p>6. On 8/30/12 at 3:30 P.M., in an interview, the facility Clinical Specialist #5 indicated the doctor had ordered the Donepezil 10 milligrams to be given at 9:00 P.M. after the resident's return from the hospital on 8/24/12; however, the doctor has written a new order to change to 9:00 A.M.</p> <p>This Federal tag relates to Complaint IN00114248 and IN00115435.</p> <p>3.1-25(b)(9) 3.1-48(c)(1)</p>				

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F0425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on record review and interview, the facility failed to obtain 2 medications for a resident. The deficient practice affected 1 of 1 resident reviewed for not receiving ordered medications in a sample of 11 residents reviewed. [Resident J]</p> <p>Findings include:</p> <p>1. On 8/30/12 at 10:35 A.M., Resident J's closed record was reviewed. Diagnoses included, but were not limited to, pain, aftercare joint replacement, weakness, and depression.</p>	F0425	<p>F425 483.60 (a), (b) PHARMACEUTICAL SVC – ACCURATE PROCEDURES, RPH</p> <p>I. Resident J no longer resides in the facility. II. Facility will complete a 100% audit to determine residents are receiving medications as ordered. Any issues identified will be corrected immediately. III. The systemic change includes that all medication orders will be communicated to the pharmacy. The after hours pharmacy system will be utilized for new orders that occur after hours if the drug is not in the EDK. If the</p>	09/14/2012	

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	<p>A "Physician's Orders" dated 7/5/12 [admission], included, but were not limited to, "Multivitamin with minerals Flintstone Complete every 2 hours for total of 6 per day..."</p> <p>A "Medication Administration Record" dated 7/5/12 through 7/31/12, included, but was not limited to, "Flintstone Complete 2 tabs every 2 hours total 6 per day... dates circled as not given: 7/6/12, 7/8/12, and 7/9/12... nursing observations: 7/8/12... Flintstone unavailable..."</p> <p>There was no documentation in the clinical record regarding the Flintstone vitamins.</p> <p>A "Medication Administration Record," dated 7/7/12 through 7/31/12, included, but was not limited to, "Nuvigil 125 milligrams by mouth at 0500... dates circled as not given: 7/9/12, 7/10/12, and 7/11/12... 7/12/12 marked as given... nursing observations: 7/9/12... called pharmacy regarding Nuvigil [medication used for excessive sleepiness in adults]... script not delivered yet..."</p> <p>There was no documentation in the clinical record regarding missed doses of Nuvigil from 7/7/12 through 7/11/12.</p> <p>On 8/30/12 at 12:00 P.M., the Director of</p>		<p>medication is unavailable from the pharmacy the facility will contact the physician for an alternative medication.</p> <p>Education will be offered to licensed nursing staff regarding medications that are unavailable</p> <ul style="list-style-type: none"> · Procedure to fax and call pharmacy for new admits/readmits or needed medication and the systemic changes described above. · Use of the EDK · Importance of timely drug administration · Notifying DON or administrative nurse when medications are not available <p>IV. DON/Designee will audit through review of MARS (Medication Administration Records). This review will be done for 100% of MARS 5 times a week for 8 weeks. Following this initial 8 weeks, random review of a minimum of 5 MARS will occur on each of the 6 units (total of 30 records) weekly for 16 weeks, and then monthly for an additional 6 months to total 12 months of audits to determine that medications are provided as ordered by the physician. Any identified concerns from audits will be addressed immediately. The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of</p>				

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	<p>Nursing provided the facility policy and procedure, "Ordered/Not Received" no date.</p> <p>The policy and procedure included, but was not limited to, "Policy: Every effort will be made to fill prescription orders in a timely manner without disrupting the availability of the medication to the resident... Procedure: On occasion the facility may order a medication that the Pharmacy is unable to fill for one of multiple reasons... the Pharmacy will notify the facility the same day..."</p> <p>3. On 8/30/12 at 11:00 A.M., in an interview, the Director of Nursing indicated she remembered speaking with Resident J regarding the pharmacy's inability to provide her Flintstone vitamins. She indicated the resident had to supply her own.</p> <p>On 8/30/12 at 4:00 P.M., the Director of Nursing was unable to provide further documentation regarding the missed doses of Nuvigil.</p> <p>This Federal tag relates to Complaint IN00114248.</p> <p>3.1-25(a)</p>		<p>reviews will be adjusted as needed. Addendum to III: The pharmacy has committed to provide any drug ordered and will use back up pharmacies or other distributors. The physician will be asked for alternative drugs when there is a manufacturer back order and a drug is unavailable from any source or for an immediate need.</p>				

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F0441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview, and record review, the facility failed to ensure</p>	F0441	<u>F-441 483.65 INFECTION</u>	09/14/2012			

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	<p>2 of 3 nursing staff performed hand washing or hand hygiene during medication administration observation. The deficient practice affected 4 of 8 residents observed during medication observation. [Residents N, O, R, and S]</p> <p>Findings include:</p> <p>1. On 8/29/12 at 8:20 A.M., Licensed Practical Nurse [LPN] #1 was observed administering a nebulizer treatment to Resident N.</p> <p>After placing Resident N's oxygen mask on for the treatment, LPN #1 exited the room without hand washing or hand hygiene. She then proceeded to prepare Resident N's medications at the medication cart. Prior to giving Resident N her medications, LPN #1 took Resident N's oxygen mask for the nebulizer treatment off [the treatment was completed]. She then proceeded to administer Resident N's oral medications. After the medication administration, LPN #1 cleaned the nebulizer mask with her bare hands in Resident N's bathroom; however, she was not observed to wash her hands with soap and water.</p> <p>On 8/29/12 at 8:50 A.M., LPN #1 was observed applying hand sanitizer to her hands.</p>		<p><u>CONTROL, PREVENT SPREAD, LINEN</u></p> <p>-</p> <p>I. Residents N,O,R and S were reviewed and have had no signs or symptoms of infection requiring antibiotic use since survey completion.</p> <p>II. All licensed nursing staff will be offered education regarding handwashing procedure during medication pass.</p> <p>III. The systemic change includes that all newly hired nurses will receive education on hand washing procedures during medication pass.</p> <p>All current nurses will be offered education on hand washing procedures during medication pass.</p> <p>IV. DON/Designee will audit through direct observations on hand washing procedure during medication pass with licensed nurses on all shifts 5 times a week for 8 weeks.</p>				

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	<p>At that time, in an interview, LPN #1 indicated the facility policy regarding hand washing with resident care was to do hand hygiene after doing 3 procedures with one resident.</p> <p>2. On 8/29/12 at 11:10 A.M., LPN #3 was observed administering eye drops to Resident O.</p> <p>LPN #3 was not observed to perform hand hygiene or handwashing prior to administering eye drops to Resident O's right eye. LPN #3 was not observed to perform hand hygiene after administering the eye drop to Resident O's right eye. She removed her gloves, then proceeded to the medication cart to prepare for the next resident [Resident R].</p> <p>3. On 8/29/12 at 11:25 A.M., LPN #3 was observed administering medications to Resident R. LPN #3 did not perform hand washing or hand hygiene before or after medication administration.</p> <p>4. On 8/29/12 at 11:30 A.M., LPN #3 was observed administering medications to Resident S. Resident S was administered medications through her gastrostomy tube.</p> <p>LPN #3 did not perform hand washing or</p>		<p>Following this initial 8 weeks, random review of handwashing during medication pass will occur on each of the 6 units (total of 30 residents) weekly for 16 weeks, and then monthly for an additional 6 months to total 12 months of audits to determine that handwashing during medication pass is completed appropriately.</p> <p>Any identified concerns from audits will be addressed immediately.</p> <p>The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p>				

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	<p>hand hygiene prior to administering Resident S's medications through her gastrostomy tube.</p> <p>On 8/29/12 at 11:58 A.M., LPN #3 indicated she should have performed hand hygiene between residents and after administration of Resident O's eye drops.</p> <p>5. On 8/30/12 at 9:00 A.M., the Director of Nursing provided the following facility policy and procedures on Infection Control/Respiratory Therapy, Handwashing/Hand Hygiene, and Administering Medications through an Enteral Tube.</p> <p>The "Handwashing/Hand Hygiene" policy and procedure, dated 4/2012, included, but was not limited to, "Policy Statement: The facility considers hand hygiene the primary means to prevent the spread of infection... All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors... Employees must wash their hands for at least 15 seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: Before and after direct resident contact, before and after handling invasive devices, after contact with a resident's mucous membranes and body fluids or</p>			

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	<p>excretions..."</p> <p>The "Infection Control/Respiratory Therapy" policy and procedure, no date, included, but was not limited to, "Objective: Proper hand washing is required by all employees and visitors... Nebulizer and Humidifier: Use proper hand washing technique between residents... Proper hand washing technique: Turn on water, wet your hands and wrists, apply soap, spread soap over your hands and wrists, work up a lather between your fingers and under your fingernails by rubbing your fingertips over the palms of your hands... should take at least one minute... rinse..."</p> <p>The "Administering Medications through an Enteral Tube" policy and procedure, dated 10/2010, included, but was not limited to, "Steps in the Procedure: Wash your hands... administer medications... Wash your hands [after administration is complete]..."</p> <p>This Federal tag relates to Complaint IN00114248.</p> <p>3.1-18(I)</p>						

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F0514 SS=D	<p>483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on observation, record review, and interview, the facility failed to transcribe a dementia medication order with the correct administration time. In addition, the transcription error resulted in the dementia medication being given at 9:00 A.M. instead of 9:00 P.M. for 5 days. The deficient practice impacted 1 of 8 residents observed during medication pass. [Resident O]</p> <p>Findings include:</p> <p>On 8/29/12 at 11:00 A.M., Licensed Practical Nurse #3 was observed administering medications to Resident O.</p> <p>At that time, Donepezil 10 milligrams was prepared for Resident O.</p>	F0514	<p>F514 483.75 (I) (1) RES RECORDS-COMPLETE/ACCUR ATE/ACCESSIBLE</p> <p>I.</p> <p>I. Resident O currently resides in the facility and is receiving medications as ordered by the physician.</p> <p>II.</p> <p>II. All medication orders will be verified to be correctly transcribed during a facility wide audit of medication orders. Any issues identified will be corrected immediately.</p>	09/14/2012			

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	<p>Resident O's medications were crushed and mixed in chocolate pudding for administration. Resident O was observed to take one spoonful of medication; however, refused to take the rest of the pudding [placed in a 30 milliliter dose cup].</p> <p>On 8/30/12 at 8:30 A.M., Resident O's medication records were reviewed.</p> <p>The "Physician's Order Form" dated August 2012, included, but was not limited to, "Diagnosis: Alzheimer's Disease, depression, and organic mental syndrome with psychotic/agitated features... Donepezil tab 10 milligrams take 1 tablet by mouth at bedtime... 9:00 P.M...."</p> <p>The "Medication Administration Record" dated 8/24/12 through 8/31/12, included, but was not limited to, "Donepezil 10 milligrams po [by mouth] daily... dementia... 0900... doses documented as given at 0900 were: 8/25/12, 8/26/12, 8/27/12, 8/28/12, 8/29/12, and 8/30/12 [circled as refused]."</p> <p>On 8/30/12 at 3:30 P.M., in an interview, the facility Clinical Specialist #5 indicated the doctor had ordered the Donepezil 10 milligrams to be given at 9:00 P.M. after the resident's return from</p>		<p>III. The systemic change includes that all new medication orders will be reviewed in the clinical stand up meeting (Monday through Friday) by the unit manager or designee to verify accuracy. Education will be offered to current licensed nursing staff on transcription of medication orders.</p> <p>IV. DON/Designee will audit through review of MARs (Medication Administration Records). This review will be done for 100% of MARs 5 times a week for 8 weeks. Following this initial 8 weeks, random review of a minimum of 5 MARs will occur on each of the 6 units (total of 30 records) weekly for 16 weeks, and then monthly for an additional 6 months to total 12 months of audits to determine that medications are provided as ordered by the physician.</p> <p>Any identified concerns from audits will be addressed immediately.</p>				

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	<p>the hospital on 8/24/12; however, the doctor has written a new order to change to 9:00 A.M.</p> <p>At that time, the facility Clinical Nurse Specialist #5 provided a "Physician's Orders" dated 8/30/12 at 11:30 A.M..</p> <p>The order included, but was not limited to, "Order Clarification: Aricept [Donepezil] 10 milligrams 1 po [by mouth] daily at 0900..."</p> <p>3.1-50(a)(2)</p>		<p>The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p>		