

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155519	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2016
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NAME OF PROVIDER OR SUPPLIER GENTLECARE OF VINCENNES	STREET ADDRESS, CITY, STATE, ZIP CODE 1202 S 16TH ST VINCENNES, IN 47591
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 29, and March 1, 2, 3, 4, 2016.</p> <p>Facility number: 000357 Provider number: 155519 AIM number: 100291370</p> <p>Census bed type: SNF/NF: 39 Total: 39</p> <p>Census payor type: Medicare: 2 Medicaid: 32 Other: 5 Total: 39</p> <p>These deficiencies reflect State finding cited in accordance with 310 IAC 16.2-3.1.</p> <p>Quality review completed on 3/7/15 by #02748.</p>	F 0000	<p>FOOO This plan of correction is submitted to serve as an allegation of compliance. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the allegations or conclusions set forth in the statement of deficiencies. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations.</p> <p>We have attached copies of our new/revised policies & procedures, copies of our in-services and attendance logs, along with copies of our</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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F 0250 SS=D Bldg. 00	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure effective behavior management was provided to a resident who experienced anxiety for 1 of 1 resident who met the criteria for review of social services. (Resident #13)</p> <p>Findings include:</p> <p>During a observation on 3/1/16 at 3:00 P.M., Resident #13 was observed sitting in a recliner in no apparent distress.</p> <p>The clinical record of Resident #13 was reviewed on 3/3/16 at 10:00 A.M. The</p>			F 0250	<p>monitoring tools for yourreview. We respectfully request a deskreview and request that our plan of correction be considered our allegation ofcompliance effective April 3, 2016.</p> <p>F 250 Corrective Actions for Resident Found toHave Been Affected: Resident#13 was placed on Behavior Management Program. Resident #13 was also evaluated by a Mental Health Physician to reviewbehaviors and assess the need for medication adjustments. (3/14/16)</p> <p>2) Identification ofResidents Having the Potential to be Affected: Social Service identified</p>		04/03/2016

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	<p>record indicated the diagnoses of Resident #13 included, but were not limited to, anxiety.</p> <p>The Admission MDS (Minimum Data Set) assessment dated 12/4/15 indicated Resident #13 experienced moderate cognitive impairment, no behaviors, and received anti-anxiety medication 0/7 days during the assessment period.</p> <p>The February 2016 Physicians Order Recap included, but was not limited to orders for, "...Ativan [an anti-anxiety medication] 0.5 mg [milligrams] 1 tab by mouth 3 times daily as needed for severe anxiety or seizure activity..."</p> <p>A Care Plan dated 1/26/16 for, "...I have potential for feeling nervous and fidgety related to DX [diagnosis] Anxiety...Have had no anxiousness since admission" included the following interventions: "1. Converse daily during care and in passing to monitor mood. 2. Encourage her to vent any anxious feelings as needed. 3. Provide Lorazepam [Ativan] per MAR [Medication Administration Record] 4. Monitor for S/E [side effects] 5. Report sudden [arrow up] [increase] anxiety to physician . 6. Attempt drug reduction per NH [Nursing Home] guidelines"</p>		<p>allresidents for having the potential to be affected. The Social Service Director reviewed allcurrent residents for behavior issues by means of clinical record audits alongwith Nursing and Certified Nursing Assistant interviews.</p> <p>3) Measures or Systemic Changes to EnsurePractice Does Not Recur: The facility developed a new"Behavior Management Program" (Exhibit A). The Social Service Director, Nurses and Certified Nursing Assistantwere in-serviced (Exhibit B) on the GentleCare "Behavior Management Program".(3/17/16) Resident #13 will be includedin the new Behavior Program (Exhibit A) in order to maintain resident'spsychosocial well-being. Current andfuture residents exhibiting behaviors will be placed in the "GentleCareBehavior Management Program" with evaluations of interventions</p>		

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	<p>The plan of care lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn (as needed) anti-anxiety medication.</p> <p>The February 2016 MAR (Medication Administration Record) indicated Resident #13 was administered Ativan (an anti-anxiety medication) 0.5 mg (milligrams) 13 times for anxiety. The MAR lacked any documentation to indicate non-pharmacologic interventions were attempted prior to the administration of the prn anti-anxiety medication.</p> <p>The Nursing Progress notes dated 2/3/16 at 9:30 A.M. through 3/1/16 (no time indicated) were reviewed and lacked any documentation to indicate non-pharmacologic interventions were attempted prior to the administration of the prn anti-anxiety medication.</p> <p>The February 2016 Behavior Management Log lacked any documentation to indicate a Behavior Plan had been developed for Resident #13.</p> <p>The Social Service Progress notes from 1/26/16 through 2/29/16 were reviewed and lacked any documentation to indicate</p>		<p>reviewed by the Behavior Management Team weekly. New behaviors will be addressed and individualized interventions will be assessed for effectiveness.</p> <p>4) Corrective Actions Monitored: The Social Service Director and the Behavior Management Team will review all residents on the "GentleCare Behavior Management Program" (Exhibit A) weekly. The reviews will focus on the success of the program and the interventions for each resident exhibiting behaviors. The Social Service Director will monitor the results of the weekly reviews and record the results on the Quality Assurance & Performance Improvement" form (Exhibit C). All monitoring will be monthly and on-going, with the results reported to the Quality Improvement Committee (CQI). The Role of the CQI Committee (per facility Policy and Procedure)</p>		

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F 0329 SS=D	<p>Resident #13 experienced anxiety.</p> <p>During an interview on 3/3/16 at 3:00 P.M. the SSD (Social Service Designee) indicated the Social Service staff was responsible to develop behavior plans. The SSD further indicated Social Service staff had worked closely with the family of Resident #13 to identify the root cause of the anxiety but, no documentation could be provided to indicate a specific, individualized behavior plan had been developed.</p> <p>The Policy and Procedure for Behavior Management provided by the DON (Director of Nursing) on 3/3/16 at 3:15 P.M. indicated, "...The facility considers resident behavior problematic when: The behavior presents a risk of danger or harm to the resident or others...The behavior significantly reduces the staff's ability to provide care...The behavior is disruptive to others" The Policy lacked any documentation to indicate a behavior plan should be implemented if a behavior affects the psychosocial well-being of a resident.</p> <p>3.1-34(a)(1)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM</p>		<p>is to establish and conduct an extensive and objective program of assessment, reporting and monitoring in order to assure provision of optimal services in regard to resident care, satisfaction and quality of life. The committee is responsible for identifying and monitoring areas that require prevention and corrective actions. The Committee also assists in the development and initiation of plans of correction related to identified problems. CQI evaluates the results of the plans as well. The CQI Committee meets monthly with the findings reported to the quarterly Quality Assurance Committee.</p>		

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Bldg. 00	<p>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 observation, interview, and record review, the facility failed to ensure an anti-anxiety medication was clinically indicated for 1 of 5 residents who met the criteria for review of unnecessary medications. (Resident #13)</p> <p>Findings include:</p> <p>During a observation on 3/1/16 at 3:00 P.M., Resident #13 was observed sitting in a recliner in no apparent distress.</p> <p>The clinical record of Resident #13 was reviewed on 3/3/16 at 10:00 A.M. The</p>	F 0329	F 329 1)Corrective Actions for Resident Found to Have Been Affected: Resident #13 was evaluated bya Mental Health Physician (3/14/16) and reviewed for PRN psychoactivemedications and behaviors. The Facilitydeveloped a "PRN Psychoactive Drug Flow Record" (Exhibit D) which will beutilized for resident #13. 2) Identification of Residents Having thePotential to Be	04/03/2016			

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	<p>record indicated the diagnoses of Resident #13 included, but were not limited to, dementia, paranoia, agitation, and anxiety.</p> <p>The Admission MDS (Minimum Data Set) assessment dated 12/4/15 indicated Resident #13 experienced moderate cognitive impairment, no behaviors, and received anti-anxiety medication 0/7 days during the assessment period.</p> <p>The February 2016 Physicians Order Recap included, but was not limited to orders for, "...Ativan [an anti-anxiety medication] 0.5 mg [milligrams] 1 tab by mouth 3 times daily as needed for severe anxiety or seizure activity..."</p> <p>A Care Plan dated 1/26/16 for, "...I have potential for feeling nervous and fidgety related to DX [diagnosis] Anxiety...Have had no anxiousness since admission" included the following interventions: "1. Converse daily during care and in passing to monitor mood. 2. Encourage her to vent any anxious feelings as needed. 3. Provide Lorazepam [Ativan] per MAR [Medication Administration Record] 4. Monitor for S/E [side effects] 5. Report sudden [arrow up] [increase] anxiety to physician . 6. Attempt drug reduction per NH</p>		<p>Affected:</p> <p>The Assistant Director of Nursing identified all residents with a Physicians order for a PRN psychoactivemedication as having a potential to be affected.</p> <p>3) Measures or Systemic Changes to Ensure Practice Does Not Recur:</p> <p>The Facility developed a "PRN Psychoactive Drug Flow Record" (Exhibit D). The new drug flow record will be utilized for residents with aPhysician's order for PRN psychoactive medications and who are cognitivelyimpaired as deemed by the BIMS (Brief Interview for Mental Status) score on theIndividual's MDS. The "PRN PsychoactiveDrug Flow Record" (Exhibit D) will be placed in the Medication AdministrationRecord for those residents receiving PRN psychoactive medications and receivinga BIMS (Brief Interview for Mental Status) score below 13. The facility developed the "Completion of</p>	

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	<p>[Nursing Home] guidelines"</p> <p>The plan of care lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn (as needed) anti-anxiety medication.</p> <p>The February 2016 MAR indicated Resident #13 was administered Ativan 0.5 mg 13 times as follows:</p> <p>"...2/3/16...5:10 P.M....crying et [and] c/o [complaint of] [arrow up] anxiety..."</p> <p>The MAR lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication.</p> <p>"...2/7/16...2000 [8:00 P.M.]...c/o [arrow up] anxiety..."</p> <p>The MAR lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication.</p> <p>"...2/9/16...6:15 P.M....c/o [arrow up] anxiety..." The MAR lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication.</p>		<p>PRNPsychoactive Drug Flow Record (Exhibit E) to instruct nursing as to the propermethod of utilizing the drug flow record. The facility revised the "Administration of PRN psychoactiveMedications" policy (Exhibit F) to include the use of the "PRN PsychoactiveDrug Flow Record" as well as to provide the BIMS (Brief Interview for MentalStatus) numerical guideline to assist in determination of "cognitivelyimpaired".</p> <p>The Nurses were in-servicedon the "PRN Psychoactive Drug Flow Record", "Administration of PRN PsychoactiveMedications "and the "Completion of PRN Psychoactive Drug Flow Record" on3/17/16. (Exhibit B) Newly hired nurses will be in-serviced on theaforementioned documents during orientation.</p> <p>4) Corrective Actions Monitored: TheAssistant Director of</p>	

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	"...2/10/16...8:45 P.M....c/o [arrow up] anxiety..." The MAR lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication. "...2/13/16...8:30 P.M....c/o [arrow up] anxiety..." The MAR lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication. "...2/15/16...8:40 P.M....c/o [arrow up] anxiety..." The MAR lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication. "...2/16/16...11:00 A.M....c/o [arrow up] anxiety..." The MAR lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication. "...2/22/16...8:30 P.M....c/o [arrow up] anxiety..." The MAR lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication.		Nursing will review psychoactive medication use Weeklythe Pharmacy Consult will review psychoactive medications with the AssistanceDirector of Nursing monthly with the results of the monitoring documented onthe "Quality Assurance & Performance Improvement" form (Exhibit G). All monitoring will be monthly and on- going,with the results reported to the Continuous Quality Improvement Committee(CQI). The Role of the CQI Committee(per facility Policy and Procedure) is to establish and conduct an extensiveand objective program of assessment, reporting and monitoring in order toassure provision of optimal services in regard to resident care, satisfactionand quality of life. The committee isresponsible for identifying and monitoring areas that require prevention andcorrective actions. The Committee alsoassists in the development and initiation of plans of correction related	

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	<p>"...2/23/16...11:30 A.M....req [request] for anxiety..." The MAR lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication.</p> <p>"...2/23/16...8:30 P.M....c/o [arrow up] anxiety..." The MAR lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication.</p> <p>"...2/24/16...2000 [8:00 P.M.]...c/o [arrow up] anxiety..." The MAR lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication.</p> <p>"...2/26/16...5:20 P.M....c/o [arrow up] anxiety..." The MAR lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication.</p> <p>"...2/29/16...2000 [8:00 P.M.]...c/o [arrow up] anxiety..." The MAR lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication.</p>		<p>to identified problems. CQI evaluates the results of the plans as well. The CQI Committee meets monthly with the findings reported to the quarterly Quality Assurance Committee.</p>	

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	<p>medication.</p> <p>The Nursing Progress notes dated 2/3/16 at 9:30 A.M. through 3/1/16 (no time indicated) were reviewed and indicated the following:</p> <p>The notes lacked any documentation to indicate Resident #13 experienced anxiety/seizure activity or related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication on 2/3/16 at 5:10 P.M.</p> <p>The notes lacked any documentation to indicate Resident #13 experienced anxiety/seizure activity or related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication on 2/7/16 at 8:00 P.M.</p> <p>The notes lacked any documentation to indicate Resident #13 experienced anxiety/seizure activity or related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication on 2/9/16 at 6:15 P.M.</p> <p>The notes lacked any documentation to indicate Resident #13 experienced anxiety/seizure activity or related to the</p>			

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	<p>attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication on 2/10/16 at 8:45 P.M.</p> <p>A Nursing Progress note dated 2/13/16 at 8:30 P.M. indicated, "...no seizure activity. Pt. [patient] voiced c/o being anxious et req an ativan [sic] given as ordered..." The note lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication.</p> <p>The notes lacked any documentation to indicate Resident #13 experienced anxiety/seizure activity or related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication on 2/15/16 at 8:40 P.M.</p> <p>The notes lacked any documentation to indicate Resident #13 experienced anxiety/seizure activity or related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication on 2/16/16 at 11:00 A.M.</p> <p>The notes lacked any documentation to indicate Resident #13 experienced anxiety/seizure activity or related to the</p>			

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	<p>attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication on 2/22/16 at 8:30 P.M.</p> <p>The notes lacked any documentation to indicate Resident #13 experienced anxiety/seizure activity or related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication on 2/23/16 at 11:30 A.M.</p> <p>The notes lacked any documentation to indicate Resident #13 experienced anxiety/seizure activity or related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication on 2/23/16 at 8:30 P.M.</p> <p>The notes lacked any documentation to indicate Resident #13 experienced anxiety/seizure activity or related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication on 2/24/16 at 8:00 P.M.</p> <p>The notes lacked any documentation to indicate Resident #13 experienced anxiety/seizure activity or related to the attempt of non-pharmacologic interventions prior to the administration</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155519	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2016
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NAME OF PROVIDER OR SUPPLIER GENTLECARE OF VINCENNES	STREET ADDRESS, CITY, STATE, ZIP CODE 1202 S 16TH ST VINCENNES, IN 47591
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	<p>of the prn anti-anxiety medication on 2/26/16 at 5:20 P.M.</p> <p>The notes lacked any documentation to indicate Resident #13 experienced anxiety/seizure activity or related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication on 2/29/16 at 8:00 P.M.</p> <p>The Social Service Progress notes from 1/26/16 through 2/29/16 were reviewed and lacked any documentation to indicate Resident #13 experienced anxiety.</p> <p>A Physician's Consult report dated 2/23/16 indicated, "...Mental status exam performed with findings of...Oriented X3 with appropriate mood and affect."</p> <p>A Social Service Progress note dated 3/3/16 was provided by the DON (Director of Nursing) on 3/4/16 at 10:30 A.M. The note indicated, "...shows moderate cognitive impairment...has used PRN Lorazepam most daily past 2 weeks...SSD [Social Service Designee] has added some new interventions to this care plan to try so as not to use this medication as frequently..."</p> <p>The Policy and Procedure for Administration of PRN Psychotropic</p>			

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	<p>Medications provided by the DON on 3/3/16 at 3:15 P.M. indicated, "...Prior to administration of a PRN psychotropic...the nurse must proceed as follows:...Attempt to identify cause of behaviors...Implement interventions that are specified on residents individual care plan..."</p> <p>During an interview on 3/4/16 at 11:00 A.M. the DON indicated no further documentation could be provided to indicate non-pharmacologic interventions had been attempted prior to the administration of prn Ativan on 2/3/16, 2/7/16, 2/9/16, 2/10/16, 2/13/16, 2/15/16, 2/16/16, 2/22/16, 2/23/16 at 11:30 A.M., 2/23/16 at 8:30 P.M., 2/24/16, 2/26/16, or 2/29/16. The DON further indicated, at that time, it was the usual practice of the facility to administer prn anti-anxiety medication only if clinically indicated.</p> <p>3.1-48(a)(2) 3.1-48(a)(4)</p>			