

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155701	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2012
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 720 E DUSTMAN RD BLUFFTON, IN 46714
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: November 13, 14, 15, 16, 19, 20, 2012</p> <p>Facility Number: 000576 Provider Number: 155701 AIM Number: 100267760</p> <p>Survey Team: Virginia Terveer, RN, Team Leader Julie Call, RN Shelley Reed, RN</p> <p>Census Bed Type: SNF: 1 SNF/NF: 63 Residential: 34 Total: 98</p> <p>Census Payor Type: Medicare: 7 Medicaid: 24 Private: 67 Other: 0 Total: 98</p> <p>Residential sample: 7</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000		
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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 11/26/12 by Suzanne Williams, RN			

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F0329 SS=E	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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 laboratory values for adverse consequences related to medication use for 3 of 10 residents reviewed for unnecessary medications use. (Residents #10, #58 and #68)</p> <p>Findings include:</p> <p>1. Resident #10's clinical record was reviewed on 11/15/12 at 1:30 p.m. Resident #10's diagnoses included,</p>	F0329	All residents with physician's orders for laboratory blood draws were identified for the potential to be affected. Three residents were identified to be deficient during ISDH inspection which included: Resident #10 was to have a laboratory blood draw of Lytes, BUN, HgbA1C, ALT, and Creatinine panel. Resident #58 was to have a laboratory blood draw of an ALT. Resident # 68 was to have a laboratory blood draw of a Glucose level. All of the above deficiencies were corrected with physician	12/20/2012			

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	<p>but were not limited to: HTN (hypertension), type II diabetes mellitus (adult onset diabetes), hyperlipidemia, anxiety disorder, depression, COPD (chronic obstructive pulmonary disease), OA (osteoarthritis), DVT (deep vein thrombosis, blood clot), fractured phalanx (bone) of foot, muscle weakness, arthropathy (inflammation of one or more joints), ocular hypertension (increased pressure in eye), heaviness of legs.</p> <p>Medications included, but were not limited to: Tramadol HCl 50 mg 1 tablet by mouth every 4 hours PRN (as needed for) pain. Tramadol HCl was taken 30 times in the past 3 months. Furosemide ("water pill", taken for edema) 40 mg 1 tablet by mouth 2 times a day. Klor-Con 25 mEq (milliequivalent, a measurement) 1 tablet dissolve in water and taken by mouth daily for hypokalemia (low blood potassium level). Simvastatin 10 mg 1 tablet by mouth daily for hyperlipidemia (high cholesterol), NovoLog Insulin (fast acting meal time insulin for diabetes mellitus) Sub-Q (subcutaneous injection) per sliding scale 2 times a day at 0830 hours and 1630 hours, for blood sugar less than 60, initiate hypoglycemic (low blood sugar) protocol and call MD, Blood Sugar</p>		<p>notification and specimens processed as ordered.</p> <p>11/28/12Physician's orders for lab draws were reviewed for all 56 residents.During chart audits any further residents with incomplete laboratory blood draws were corrected by means of physician notification and specimens obtained and processed as ordered. 11/26/12All labs were entered into a paper schedule book for better tracking versus newly implemented EMR program. 11/26/12Current lab protocol reviewed.Lab protocol reviewed with consulting pharmacist and Medical Director. 12-4-12Nursing staff to be in-serviced on laboratory policy and procedure. (In-service attached)</p> <p>ongoingAll labs will be audited weekly x2 months then monthly x2 months the every three months x2. Audit process will be reviewed/revised and continued if compliance is less than 100%. (Lab audit sheet attached)DON will be responsible to ensure all audits are completed as stated. Q.A will monitor for compliance.</p>		

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	<p>61-150 = 0 units, 151-200 = 0 units, 201-250 = 3 units, 251-300 = 4 units, 351-350 = 6 units, 351-400 = 9 units, 400 = 12 units can call MD, NovoLog Insulin 4 units Sub-Q at 1130 hours, Lantus Insulin (long acting man made insulin, replaces insulin normally made by the body) 14 units Sub-Q daily at 2100 hours.</p> <p>During the record review for Resident #10, which began on 11/15/12 at 1:30 p.m., the lab orders from physician orders signed on 7/31/12 and 10/11/12 included "Lytes (electrolytes, a test for the blood levels of sodium, potassium, chloride and CO2), BUN (Blood Urea Nitrogen, a test to measure the amount of nitrogen in the blood), Creatinine Panel (a blood test to measure the waste product in the blood) and ALT(alamine aminotransferase, a test to identify liver injury) to be done every 6 months, April and October on the 3rd Friday AM draw start date on 04/20/12, HgB A1C (glycated hemoglobin, a blood test measures the plasma glucose concentration over a prolonged periods of time) every 3 months, January, April, July, October on the 3rd Friday AM draw lab start date 04/20/12." These physician orders were received on 04/05/12. During the record review of</p>						

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	<p>laboratory reports, these labs were not obtained in October 2012.</p> <p>During an interview on 11/19/12 at 3:50 p.m., the Administrator in Training indicated the laboratory blood draws for Lytes/BUN/Creatinine Panel and ALT and HgB A1C were not done in October as ordered by the physician.</p> <p>On 11/19/12 at 2:23 p.m., the Administrator in Training provided the current facility policy, dated 1/07, titled "Protocol for Laboratory Monitoring of Adverse Drug Reactions."</p> <p>On 11/20/12 at 10:00 a.m., the review of the facility protocol for laboratory monitoring of adverse drug reactions indicated residents who took Tramadol required an ALT at onset of the medication and every 6 months. Hypercholesterolemia medications which include Simvastatin required an ALT at onset of the medication and every 6 months. Residents who took diuretics and potassium medications which include Furosemide and Klor-Con require Electrolytes, BUN, and Creatinine every 6 months. Residents who are diabetic require a HgB A1C every 3 months.</p>				

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	<p>Precautions and Patient Monitoring from 2010 Nursing Spectrum Drug Handbook, included, but were not limited to: "Tramadol... use cautiously in elderly patient... dosage adjustment for renal or hepatic impairment; Simvastatin... dosage adjustment for renal impairment, elderly patient, use cautiously in renal impairment... monitor liver function test, CBC, lipid levels; Furosemide... use cautiously in patient with diabetes, elderly patient... monitor CBC, BUN, and electrolytes uric acid and CO2 levels; Klor-Con...use cautiously in patient with diabetes... monitors renal function and electrolytes; NovoLog and Lantus Insulin... monitor blood glucose levels closely."</p> <p>2. Resident #58's clinical record was reviewed on 11/16/12 at 11 a.m. Resident #58's diagnoses included but were not limited to, chronic kidney disease, depressive disorder, anxiety state and pain. Medications included but were not limited to, Oxycodone-APAP (an opioid indicated for moderate to severe pain) 5-325mg, give 0.5 tablet by mouth every 8 hours, 0800, 1730 and 2200 for pain and Oxycodone APAP 5-325 mg, give 1 tablet every 4 hours as needed for pain.</p>			

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	<p>During the record review on 11/19/12 at 11:20 a.m., a physician order dated 2/2/12, included but was not limited to: draw an ALT(alanine aminotransferase test, a test to identify liver injury) every 6 months, February and August 1st. During the chart review, an AST (aspartate aminotransferase, a test to monitor treatment of a person with liver disease) was drawn on 2/3/12 instead of an ALT. The ALT was to be drawn again in August, but was not obtained.</p> <p>During an interview on 11/19/12 at 11:35 a.m., the Administrator in Training indicated the ALT was not done as ordered by the physician. She also indicated Resident #58 had an order for an ALT to be done every 6 months related to daily Oxycodone use. The resident had not had any PRN (as needed) Oxycodone for the past 30 days.</p> <p>Manufacturer's directions from the 2010 Nursing Spectrum Drug Handbook, included but were not limited to: Precautions, use cautiously in: head trauma; increased intracranial pressure; severe renal, hepatic, or pulmonary disease, hypothyroidism; adrenal insufficiency; urethral strictures; undiagnosed</p>			

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	<p>abdominal pain or prostatic hyperplasia; extensive burns; alcoholism.</p> <p>Review of a current facility policy, dated 1/07, titled "Protocol for Laboratory Monitoring of Adverse Drug Reactions," which was provided by the Administrator in Training, on 11/19/12 at 2:23 p.m., indicated the following:</p> <p>"Tylenol, Vicoden, Ultram, Darvocet and Tramadol to have a liver profile at the start of the prescription and ALT enzymes every 6 months following."</p> <p>3. During the record review for Resident #68, which began on 11-15-2012 at 3:24 p.m., the lab orders from the recapitulation (physician orders) as of 5-9-2012 and 7-20-2012 included a "fasting glucose every 6 months AM draw 3rd Wed due 7-20-2012" received from the physician on 3-23-2012. A review of the laboratory report dated 7-20-2012 did not include results for the glucose.</p> <p>Diagnoses included but were not limited to: Alzheimer's disease, anxiety, convulsions, coronary artery disease, dementia with behavior disturbance, dizziness, glaucoma, hypertension, hyperlipidemia, and</p>						

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	<p>vitamin B deficiency.</p> <p>A review of the Recapitulation as of 9-26-2012, signed by the physician on 9-29-2012, indicated Resident #68 medications included, but were not limited to, "Seroquel (atypical antipsychotic) 25 mg by mouth twice a day for dementia with delusions."</p> <p>An interview with the Medical Records staff #7 on 11-16-2012 at 11:45 a.m., indicated a glucose test was not done as ordered by the physician on 7-20-2012. The Medical Records staff #7 indicated the lab was contacted and there was not a result for a fasting glucose (a lab test to monitor blood sugar levels) for 7-20-2012.</p> <p>An interview with the Administrator in Training on 11-19-2012 at 11:35 a.m., indicated there was not a glucose lab done with Resident #68's lab draw on 7-20-2012.</p> <p>On 11-19-2012 at 2:23 p.m., the Administrator in Training provided a "Protocol for Laboratory Monitoring of Adverse Drug Reactions" which was dated 1/07. The protocol indicated residents who took antipsychotics, which included Seroquel, required a fasting glucose every 6 months.</p>						

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	<p>On 11-20-2012 at 10:30 a.m., a review of the pharmaceutical directions for Seroquel, item #5.4 indicated the following: "....any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia (high blood sugar)...patients who develop symptoms of hyperglycemia during treatment with atypical antipsychotics should undergo fasting blood glucose testing...."</p> <p>3.1-48(a)(3)</p>						

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F0371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview and record review, the facility failed to serve food under sanitary conditions with proper handwashing technique by staff for 2 of 2 dining room observations, potentially affecting 46 of 63 residents who dine in the Orchard Cafe dining room.</p> <p>Findings include:</p> <p>During dining observation on 11/13/12 at 12:24 p.m., "Wait Staff" #2 was observed to have served food to a resident then wash her hands for 5 seconds in the dining room kitchen sink and proceeded to serve food to another resident.</p> <p>During dining observation on 11/13/12 at 12:28 p.m. and 12:32 p.m., "Wait Staff" #3 was observed to have served food to residents then wash her hands for 5 seconds and 10 seconds in the dining room kitchen sink and proceeded to serve food to other residents.</p>	F0371	<p>All resident's attending meals in common dining room were identified for the potential to be affected. All staff with dining service duties currently being in-serviced on hand washing policy with emphasis on minimum 20 second hand scrub.(see attached) ongoing Return demonstration and quiz completed with in-servicing as means to evaluate learning. (see attached) ongoing All current employees continue to be in-serviced on hand washing technique and length of time required for hand washing during dining (20 seconds). Second hand clocks mounted at sinks in dining rooms. 11-26-12 All new employees will be in-serviced by the Certified Dietary Manager upon orientation.(see attached dining services policy) Dietician will observe hand washing twice per month in dining room for 3 months. All staff assisting in dining room to be monitored for appropriate hand washing technique at random times twice per week per Certified Dietary Manger and twice per week per Q.A. personnel. (see</p>	12/20/2012			

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	<p>During dining observation on 11/13/12 at 12:30 p.m., CNA #1 was observed to have removed dirty plates and dispose of them on a dirty cart, then washed her hands for 11 seconds in the dining room kitchen sink and proceeded to serve another resident.</p> <p>During a second dining observation on 11/13/12 between 5:10 p.m. and 5:30 p.m., "Wait Staff" #5 was observed to have been serving water, taking dinner orders and delivering food to residents. On 4 occasions, Wait Staff #5 was observed to have washed her hands each time for 5 seconds and on one occasion she washed her hands for 10 seconds in the dining room kitchen sink.</p> <p>During an interview on 11/19/12 at 10:47 a.m., the Dining Service Supervisor #4 indicated all but 2 residents who reside in either Cherry Tree or Plum Tree, eat their meals in the Orchard Cafe dining room. She indicated the policy of the dining room for handwashing is 20 seconds.</p> <p>Review of a current facility policy dated 9/11, titled "Sanitation During Meal Service," which was provided by the Administrator in Training, on</p>		attached audit form)Problems or concerns will be reviewed by the QA committee quarterly or more often as needed for recommendation. Certified Dietary Manager will be responsible to ensure plan is executed as stated. Q.A. Committee will monitor for compliance.				

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	<p>11/19/12 at 11:34 a.m., indicated the following: All staff to wash hands for 20 seconds with soap and hot water.</p> <p>3.1-21(i)(3)</p>			