

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155304		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/06/2011	
NAME OF PROVIDER OR SUPPLIER WATERS OF NEW CASTLE, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1000 N 16TH ST NEW CASTLE, IN47362			
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F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00088486, completed on 4/5/11.</p> <p>This visit was in conjunction with the Investigation of Complaint #IN00089031.</p> <p>Complaint IN00088486- not corrected.</p> <p>Facility number: 000201 Provider number: 155304 AIM number: 100267910</p> <p>Survey dates: May 5 and 6, 2011</p> <p>Survey team: Barbara Gray, RN, T/C Sharon Lasher, RN</p> <p>Census bed type: SNF/NF: 56 Total: 56</p> <p>Census payor type: Medicare: 18 Medicaid: 25 Other: 13 Total: 56</p> <p>Sample: 4</p> <p>This deficiency reflects state findings</p>			F0000			

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.

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

PRINTED: 06/03/2011

FORM APPROVED

OMB NO. 0938-0391

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	cited in accordance with 410 IAC 16.2. Quality review completed on May 12, 2011 by Bev Faulkner, RN				

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F0329 SS=D	<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 provide indication for use of a narcotic pain medication, monitor effectiveness of a narcotic pain medication, provide documentation</p>	F0329	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. Facility is requesting Informal Dispute Resolution of this tag. F329 UNNECESSARY DRUGS It is the intent of this facility to provide indication for use of all narcotic pain medication, monitor effectiveness of a narcotic pain medication,</p>	05/30/2011			

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	<p>indicating why continued use of a narcotic pain medication was still relevant, use other interventions for pain or monitor for adverse reactions in 1 of 4 residents reviewed for pain in a sample of 4. (Resident #F)</p> <p>Findings include:</p> <p>The record of Resident #F was reviewed on 5/5/11 at 12:10 p.m. Resident #F's diagnoses included but were not limited to bradycardia (slow heart rate),</p>		<p>provide documentation indicating why continued use of a narcotic pain medication is still relevant, use other interventions for pain, and monitor for adverse reactions.1. ACTIONS TAKEN:A. In regards to Resident #F, all medications were reviewed with the medical doctor.2. OTHERS IDENTIFIED:A. 100% audit of all residents on routine pain medications to ensure each medication has a current and appropriate diagnosis; is being monitored for effectiveness; has appropriate documentation indicating why continued use is necessary and medication is still relevant; has interventions other than pain medication in place; and is being monitored for adverse reactions. No other residents were identified.3. MEASURES TAKEN:A. In-serviced all nursing staff on unnecessary drugs in regards to pain medication and appropriate diagnosis; proper documentation in regards to continued use, necessity, and relevance; interventions other than medications are in place; monitoring for adverse reactions and effectiveness on 5/27/11.4. HOW MONITORED:A. Pharmacy consultant will do monthly medication regimen review. Recommendations will be reviewed/addressed with Physician by DON/designee.B. DON/Designee will review/audit pain medications quarterly with</p>				

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	<p>generalized weakness, stroke, chronic renal insufficiency, degenerative join disease (DJD).</p> <p>Resident #F's Minimum Data Set (MDS), assessment, dated 4/24/11, indicated the following:</p> <ul style="list-style-type: none"> - makes self understood - understands others - able to repeat three words - can report correct year, month and day of the week - pain, yes - pain frequency, rarely 		<p>scheduled MDS assessment and care plan review. Will contact Physician with any concerns. This will be an on-going QA process.C. CEO/Designee will review all audits in quarterly QA meetings with Medical Director.5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 5/30/11.</p>		

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	<p>Resident #F was listed on the facility alert, oriented and reliable list provided by staff QMA #1, who was the assistant to the Director of Nursing, on 5/5/11 at 10:35 a.m.</p> <p>Resident #F's care plan, dated, 6/2/08, indicated "Problem, potential for pain related to DJD. Goal, pain will be controlled with intervention as needed through next review. Approaches, pain assessment, medication</p>						

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	<p>as ordered, monitor effectiveness of medication, encourage resident to attend restorative programs to maintain mobility of joints and notify physician as needed (PRN)."</p> <p>Resident #F's physician orders indicated the following: "- 5/17/09, Lortab 5 mg (milligrams) (hydrocodone) narcotic analgesic/500 mg (Tylenol) one, by mouth, every 4 hours as (PRN) pain</p>				

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	<p>- 5/19/09, Norco 7.5 mg (hydrocodone) narcotic analgesic one, by mouth every 4 hours PRN, pain</p> <p>- 5/20/09, discontinue Lortab 5 mg/500 mg, one, by mouth, every 4 hours</p> <p>- 5/21/09, Lortab elixir one tablespoon every 4-6 hours, PRN</p> <p>- 9/16/10, discontinue Norco 7.5 mg/Tylenol 325 mg, one, by mouth, every 4 hour, PRN</p> <p>- 9/16/10, start Norco 7.5 mg/Tylenol 325 mg, one, by mouth, every 6 hours scheduled and Norco 7.5 mg/Tylenol 325 mg. one,</p>				

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	<p>by mouth, in between scheduled doses"</p> <p>Resident #F's physician orders reviewed from 5/10 until 5/11 did not indicate other medication prescribed for the arthritis pain.</p> <p>Interview with the DON on 5/5/11 at 2:05 p.m., indicated the order on 9/16/10 for Norco 7.5 mg/325 mg Tylenol was for degenerative joint disease and Resident #F has been on the scheduled dose of Norco from 9/16/10 until today</p>				

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	<p>with no lower dose attempted, any documentation if the resident had pain or any interventions for pain other than medication except for restorative therapy. The DON also indicated since Resident #F has not complained of pain while receiving the scheduled dose we feel the scheduled pain medication is effective.</p> <p>Interview with the DON on 5/6/11 at 9:25 a.m., indicated Resident #F had the order for Lortab</p>						

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	<p>on 5/17/10 for complaint of shoulder pain. The order to discontinue the Lortab 5 mg/Tylenol 500 mg was because the Norco 7.5 mg had been ordered and the Lortab was not discontinued. The Lortab elixir was ordered by the orthopedic physician for Resident #F's shoulder pain. The DON stated the Norco was ordered on 9/16/10, and was for left knee pain and was ordered by the attending nurse practitioner.</p> <p>Resident #F's nursing</p>						

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	<p>notes, dated, 9/15/10 at 2:00 p.m., indicated "Resident has been having complaint of left knee pain. Resident states she forgets to ask for PRN pain medication but it is effective when she takes it. No redness or swelling noted to left knee. Resident states pain is worse when standing or with activity."</p> <p>Resident #F's Medication Administration Record (MAR) dated, 2/11, 3/11 and 4/11, indicated Resident #F received all</p>						

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	<p>scheduled doses of Norco but had not received the PRN in between dose of Norco for those three months.</p> <p>Resident #F's "Pain Assessment," dated, 1/29/11, indicated the following:</p> <ul style="list-style-type: none"> "- been on a scheduled pain medication regimen, yes - received PRN pain medication, no - have you had pain or hurting at any time in the last 5 days, no - how much of the time have you experienced 						

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	<p>pain or hurting over the last 5 days, not marked</p> <ul style="list-style-type: none"> - pain effect on function, not marked - pain intensity, not marked - numeric rating scale, not marked - verbal descriptor scale, not marked - should the staff assessment for pain be conducted, no - indicators of pain or possible pain in the last 5 days, not marked - frequency of indicator of pain or possible pain, not marked <p>Document assessment</p>				

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	<p>outcome, e.g. pain controlled-no changes needed, pain not controlled-contact MD to review medication regimen, no pain indicated: "resident receives Lortab 7.5 mg/Tylenol 325 mg, every 6 hours routine and states it is effective."</p> <p>Resident #F's "Pain Assessment," dated, 4/19/11, indicated the following: "- been on a scheduled pain medication regimen, no - received PRN pain</p>				

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	<p>medication, yes</p> <ul style="list-style-type: none"> - should pain assessment interview be conducted, yes - have you had pain or hurting at any time in the last 5 days, yes - how much of the time have you experience pain or hurting over the last 5 days, rarely - over the past 5 days, has pain made it hard for you to sleep at night, no - over the past 5 days, have you limited your day-to-day activities because of pain, no - pain intensity, numeric rating scale (0-10), 2 				

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	<p>- should the staff assessment for pain be conducted, no"</p> <p>The "Nursing Spectrum Drug Handbook", 2010, indicated "Norco, 7.5 Hydrocodone mg (milligrams/325 mg acetaminophen (narcotic analgesic/Tylenol). Indications and dosages, moderate to severe pain. Use cautiously in severe renal disease and elderly patients. Patient monitoring, in prolonged use, monitor for psychological and physical dependence.</p>				

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	<p>Assess elderly patients carefully for adverse reactions.</p> <p>"Senior Select Geriatric Formulary and Nursing Drug Handbook", 2005, indicated "Hydrocodone 7.5 mg/acetaminophen 325 mg. "Special geriatric considerations, older adults may be particularly susceptible to the central nervous system depression action (sedition, confusion) and constipating effects of narcotics... adverse reactions include bradycardia."</p>						

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	<p>Interview with Resident #F on 5/5/11 at 2:20 p.m., indicated she was in no pain at all and she thinks she receives the pain medication just so she will not have any pain. She stated "I think it was my left knee that hurt a long time ago but not now. I guess the doctor knows what he is doing and wants me to have the pain medication."</p> <p>This deficiency was cited on 4/5/11. The facility failed to</p>				

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	<p>implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-48(a)(2) 3.1-48(a)(3) 3.1-48(a)(4)</p>				

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FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155304	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/06/2011
NAME OF PROVIDER OR SUPPLIER WATERS OF NEW CASTLE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 N 16TH ST NEW CASTLE, IN47362		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	