

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155414	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2013
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NAME OF PROVIDER OR SUPPLIER LINTON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1501 A ST LINTON, IN 47441
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 2, 3, 5 and 8, 2013</p> <p>Facility number: 000333 Provider number: 155414 AIM number: 100288370</p> <p>Survey team: Susan Worsham, RN-TC Cheryl Mabry, RN Diana McDonald, RN</p> <p>Census bed type: SNF/NF: 31 Total: 31</p> <p>Census payor type: Medicare: 4 Medicaid: 21 Other: 6 Total: 31</p> <p>This deficiency reflects a state finding cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 10, 2013; by Kimberly Perigo, RN.</p>	F000000	<p>Dear Ms. Rhoades, Attached is our Plan of Correction for 2567 annual survey findings from July 8, 2013. We would like to request paper compliance/desk review for the Plan of Correction. Thank you for your consideration in this matter.</p> <p>Sincerely, Charlotte Wagoner, HFA Linton Nursing and Rehab</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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F000282 SS=E	<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 observation, interview, and record review, the facility failed to ensure physician's orders were followed for residents with orders for shake supplements and med pass (high protein nutritional supplement) for 4 of 5 residents reviewed for nutritional supplements. (Resident #24, #16, #10, #17, and #13)</p> <p>Findings include:</p> <p>1. Resident #24's records were reviewed on 7/2/13 at 2:39 p.m.</p> <p>Resident #24's diagnosis included but not limited to increased confusion and hypertension.</p> <p>Resident #24's physician's order dated 4/8/13 indicated, "May have shake supplement twice daily between meals."</p> <p>Review of the care plan "nutrition dated 4/9/13" on 7/8/13 at 10:12 a.m., indicated Resident #24 is, "at nutrition risk r/t: (related to) Urosepsis ...</p>	F000282	<p>F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>I. Residents # 24, #16, #10, #17 and #13 were assessed and no negative outcomes identified. Resident #24 order for supplement was reviewed, clarified per MD order and corrected on the MAR to reflect order as written, "Mighty Shake Supplement 120 ml PO twice daily between meals" with administration times listed as 2pm and 8pm. Resident #16 order for supplement was reviewed, clarified per MD order and corrected on the MAR to reflect order as written, "Med Pass (high protein nutritional supplement) 120 ml. PO Twice Daily between lunch and dinner" with administration times listed as 2pm and 8pm. Resident #10 order for supplement was reviewed, clarified per MD order and corrected on the MAR to</p>	08/01/2013			

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	<p>current weight 4/13 wt 111 lbs, 6/13 wt 112 lbs ... regular diet ... provide diet/fluids as ordered ... Snacks: shakes BID- (twice daily) 6/19/13 ... offer substitutes if 50% or less is consumed."</p> <p>MAR (medication administration record) indicated Med Pass (nutritional supplement) lacked documentation that it had been administered.</p> <p>During interview on 7/2/13 at 2:29 p.m., LPN #2 indicated Resident #24's nutritional shakes are not being documented as given (no initials documented) on MAR (medication administration record) "it should be."</p> <p>2. Resident #16's records were reviewed on 7/8/13 at 5:09 p.m.</p> <p>Resident #16's diagnosis included but were not limited to: seizure disorder, osteoporosis, psychotic disorder other than schizophrenia, and asthma.</p> <p>Physician's orders dated 3/21/13 indicated, "Med Pass [high protein nutritional supplement] BID [twice a day]."</p> <p>Review of the MAR indicated Resident #16 received Med Pass Bid,</p>		<p>reflect order as written, "Med Pass (high protein nutritional supplement) 90 ml PO TID between meals", with administration times listed as 10am, 2pm and 8pm on MARs. Resident #17 order for supplement was reviewed, clarified per MD order and corrected on the MAR as written, " Med Pass 90 ml PO TID between meals", and Med Pass administration times were listed as 10am, 2pm, and 8pm on MARs. Resident #13 supplement order was reviewed and clarified per MD order as "Med Pass 90 ml PO TID between meals" and was correctly transcribed onto MAR with administration times listed as 10a, 2p, and 8p on the MARs.</p> <p>II. All residents have the potential to be affected by this practice. DON audited all resident supplement orders for accuracy in documentation and transcription, no other discrepancies were found.</p> <p>III. Policy "Prescriber Medication Order Policy" was reviewed and found to be appropriate. RDCO reviewed policy "Prescriber Order Medication Policy" with Linton DON and Administrator. DON to re-educate nursing staff on proper order documentation and transcription process per policy.</p> <p>IV. Director of Nursing</p>				

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	<p>lacked documentation it had been administered.</p> <p>During interview on 7/8/13 at 5:11 p.m., LPN #3 indicated when asked how you would know if residents receive supplement, with her response being, "It's on the MAR and documentation is suppose to be on the MAR. I know if it's not documented it didn't happen, but we routinely give with the medication pass."</p> <p>3. Resident #10's clinical records were reviewed on 7/2/13 at 3:00 p.m.</p> <p>Resident #10's diagnosis included but not limited to: depression, dementia, and asthma.</p> <p>Resident #10's physician's order dated 11/20/12 indicated indicated, "Med Pass [high protein nutritional supplement] 90 ML [milliliter] [3 times a daily]."</p> <p>MAR (medication administration record) indicated Med Pass (nutritional supplement) lacked documentation that it had been administered.</p> <p>4. Resident #17's records were reviewed on 7/2/13 at 3:05 p.m.</p>		<p>will audit all new orders daily x 2 weeks for correct documentation and transcription of all new MD orders. Any re-education of staff will occur "on the spot" with any clinical staff found to be deficient in order transcription process. Then, DON will continue weekly audits of same x 6 weeks then monthly thereafter. Any irregularities are to be reported to the Administrator and RDCO, and results will also be monitored via monthly facility QA committee meetings.</p>				

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	<p>Resident #17's diagnosis included but not limited to: atrial fibrillation, osteoporosis, and depression.</p> <p>Resident #17's physician's order dated 1/15/13 indicated, "Med Pass 90 ML [milliliter] three times daily, and Boost three times daily."</p> <p>MAR (medication administration record) indicated Med Pass (nutritional supplement) lacked documentation that it had been administered.</p> <p>5. Resident #13's records were reviewed on 7/2/13 at 3:15 p.m.</p> <p>Resident #13's diagnosis included but not limited to: anemia, HTN (high blood pressure), and Alzheimer disease.</p> <p>Resident #13's physician's order dated 11/20/12 indicated, "Med Pass 90 ML [milliliter] 3 times daily."</p> <p>MAR (medication administration record) indicated Med Pass (nutritional supplement) lacked documentation that it had been administered.</p> <p>During interview on 7/2/13 at 3:00</p>						

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	p.m., LPN #2 indicated that the nurses are to document on the MAR when supplements given. "It should have the times on the MAR and we initial when given." 3.1-35(g)(2)			