

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E209	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/11/2013
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NAME OF PROVIDER OR SUPPLIER SUMMIT CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 701 S MAIN ST SUMMITVILLE, IN 46070
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 8, 9,10,11, 2013</p> <p>Facility number: 000373 Provider number: 15E209 Aim number: 100288730</p> <p>Survey team: Karen K. Koeberlein, RN, TC Shelley Reed, RN Tina Smith-Staats, RN Angela Selleck, RN</p> <p>Census bed type: NF: 27 Total: 27</p> <p>Census payor type: Medicaid: 21 Other: 6 Total: 27</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p>	F000000	<p>Submission of this plan of correction shall not constitute or be construed as an admission by Summit Convalescent Center that the allegations contained in the survey report are accurate or reflect accurately the provision of care and service to the residents at Summit Convalescent Center. The facility requests the following plan of correction be considered its allegation of compliance. The facility also respectfully requests paper compliance due to the low scope and severity of the tags written.</p>	

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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F000431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview, the facility failed to assure the topical medicated ointments, powders and bottles were not expired and the</p>	F000431	F 431- DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The 3 medications cited were immediately removed and	11/14/2013

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	<p>medications were properly discarded for 2 of 28 residents living at the facility. (Residents #1 and #29)</p> <p>Findings include:</p> <p>1. On 10/10/13 at 3:10 p.m., while observing medication storage, the treatment cart for the Main Hall contained the following tubes of topical medicated ointments and bottles that were past their expiration date: Nizoral [antifungal shampoo], Nystatin [antifungal antibiotic] powder and Alphatrex [topical steroid]. Nystatin had an expiration date of 6/21/13 was for Resident # 1. The Nizoral had an expiration date of 8/12 and Alphatrex had an expiration date of 8/13. Both were topicals for Resident # 29.</p> <p>Review of a current facility policy, dated January 2007, titled "Medication Storage In The Facility", which was provided by the Director of Nursing (DON) on 10/10/13 at 3:55 p.m., indicated the following:</p> <p>"ID1: Storage of Medication</p> <p>Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's</p>		<p>disposed of per facility policy. The medical director and consultant pharmacist were notified of the expired medications in the treatment cart on 10/10/13. All residents have the potential to be affected by this alleged deficient practice. An audit was completed on 10/11/13 of both the treatment and the medication carts to check for any additional expired medications or treatments. A designated QMA will complete a Medication and Treatment Cart audit form weekly for 12 weeks, and then bi-weekly on an ongoing basis to check for any outdated medications or treatments. Additionally, the Director of Nursing/designee will check the medication and treatment cart on an ongoing monthly basis to check for any outdated medications or treatments. The QAA committee will review the audit tools at the quarterly meetings. All licensed nurses and QMA's were in-serviced regarding checking for and removing any expired medications or treatments. Plan of Correction: 11/14/13</p>		

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	<p>recommendations or those supplier... Procedures</p> <p>A. The provider pharmacy dispenses medications in the containers...</p> <p>M. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal (see Section IE: DISPOSAL OF MEDICATIONS AND MEDICATION-RELATED SUPPLIES), and reordered from the pharmacy (see IC3: ORDERING AND RECEIVING MEDICATIONS FROM THE DISPENSING PHARMACY), if a current order exists...."</p> <p>During an interview on 10/10/13 at 3:25 p.m., the DoN indicated the Pharmacy Consultant reviewed and checked the medication and treatment carts monthly. She indicated the carts were last checked on 8/6/13, 9/4/13 and 10/10/13. The DoN indicated the pharmacist failed to remove the expired medications from the cart.</p> <p>3.1-25(o)</p>				

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F000520 SS=D	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>Based on record review and interview, the facility's Quality Assessment and Assurance Committee failed to develop and implement a plan of action to ensure expired medications were not used and irregularities were identified during monthly audits by the pharmacist. (Residents #1 and #29.)</p> <p>Findings include:</p>	F000520	F 431- DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The 3 medications cited were immediately removed and disposed of per facility policy. The medical director and consultant pharmacist were notified of the expired medications in the treatment cart on 10/10/13. All residents have the potential to be affected by this alleged deficient practice. An audit was completed on 10/11/13 of both the treatment and the medication carts to check	11/14/2013			

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	<p>During a 10/11/13 at 9:17 a.m. interview with the Administrator, the administrator was queried regarding QAA (Quality Assurance and Assessment). The Administrator was also interviewed about the identified concern of the annual survey with usage of expired biological medications for Resident # 1 and # 29.</p> <p>During an interview with the Administrator and the Director of Nursing on 10/11/13 at 9:17 a.m., they indicated that the nurses or appropriate staff should have checked for expired medications prior to use.</p> <p>During an interview with LPN #1 on 10/11/13 at 9:53 a.m., she stated "medications are checked monthly by pharmacy for expired medications and we as staff are to check medications/treatments prior to use. We have a list of medications that expire after so many days after being opened such as eye drops and insulins."</p> <p>During an interview with QMA #2 on 10/11/13 at 9:54 a.m., she stated " we look at the sticker on medications and make sure it is not expired... The pharmacy comes in monthly to check</p>		<p>for any additional expired medications or treatments. A designated QMA will complete a Medication and Treatment Cart audit form weekly for 12 weeks, and then bi-weekly on an ongoing basis to check for any outdated medications or treatments. Additionally, the Director of Nursing/designee will check the medication and treatment cart on an ongoing monthly basis to check for any outdated medications or treatments. The QAA Committee will review the audits on an ongoing quarterly basis and make any recommendations necessary based on the outcome of the audits. Plan of Correction: 11/14/13</p>		

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	<p>the medications and treatment carts to check for expired medications."</p> <p>During an interview with the Director of Nursing on 10/11/13 at 10:06 a.m., she indicated that no action plan or evaluation of the medication storage related to expired medications had been included in the QAA program.</p> <p>3.1-52(b)(2)</p>				