

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155751	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/25/2016
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NAME OF PROVIDER OR SUPPLIER MEADOW LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEADOW LAKE DR MOORESVILLE, IN 46158
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00199279 and IN00199674.</p> <p>Complaint IN00199279 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282, F425, & F514.</p> <p>Complaint IN00199674 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 24 & 25, 2016</p> <p>Facility number: 004831 Provider number: 155751 AIM number: 200809750</p> <p>Census bed type: SNF: 19 SNF/NF: 104 Residential: 50 Total: 173</p> <p>Census payor type: Medicare: 25 Medicaid: 68 Other: 30 Total: 123</p>	F 0000	Meadow Lakes requests a desk review of the attached Plan of Correction	
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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 0282 SS=E Bldg. 00	<p>Sample: 4</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Q.R. completed by 14466 on May 27, 2016.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN 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 clinical record review and interview, the facility failed to ensure a resident received medications as ordered by the physician for 1 of 3 residents reviewed for physician's orders in a sample of 3 (Resident #B). (LPN #3, RN #4, LPN #5, LPN #6, RN #7, RN #8, RN #9, LPN #10 and LPN #11, RN #12 and no title provided #13)</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed</p>	F 0282	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Resident #B's medication orders werereviewed and the medication cart was audited to ensure all medications wererepresent to be administered per order. ·LPN #3, #5,#6, #10,#11, 13, and RN #4, #7, #8, #9, #12 were educated onappropriate medication pass and ensuring medications are administered 	06/14/2016

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	<p>on 5/25/16 at 10:00 a.m. Diagnoses for Resident #B included, but were not limited to, glaucoma and constipation.</p> <p>Physician's orders for May 2016, indicated the resident needed Calcium 600 milligrams (mg) plus D3 (originally ordered 6/30/14) every day at bedtime.</p> <p>A pharmacy document dated 3/4/16, and titled "Billing Review" indicated Resident #B received a 30-day supply of Calcium plus Vitamin D3 (supplement / vitamin D deficiency diseases) on 1/20/16, and 2/21/16.</p> <p>A pharmacy document dated 5/25/16, and titled "Patient Drug Utilization Report" indicated the resident also received a 30-day supply of Calcium plus Vitamin D3 on 4/7/16, and 5/16/16.</p> <p>The record lacked documentation the facility received the Calcium for the month of March 2016.</p> <p>Review of the Medication Administration Record (MAR) for March, April and May 2016, indicated the medications had been administered as ordered. The following staff administered the Calcium from 3/21/16, through 4/6/16: LPN #3, RN #4, LPN #5, LPN #6, RN #7, RN #8, RN #9, LPN #10 and LPN #11.</p>		<p>asprescribed and the process for ordering medications needing refilled.</p> <p>How willyou identify other residents having the potential to be affected by the samedeficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·Allresidents who receive medications have the potential to be affected by the allegeddeficient practice. ·Facilitynurses will be in-serviced on the appropriate process for administering orderedmedications, getting needed medications from the EDK/medselect, and orderingmedications when a refill is needed by the CEC or designee on or before 6/14/2016. ·Themedications carts were audited on or before 6/14/16 to ensure all orderedmedications are present in the medication carts. Any missing medications will be orderedappropriately. <p>What measures will be put into place or whatsystemic changes you will make to ensure that the deficient practice does notrecur?</p> <ul style="list-style-type: none"> ·Facilitynurses will be in-serviced on the appropriate process for administeringmedications, getting needed medications from the EDK, and ordering medicationswhen a refill is needed by the CEC or designee 	

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	<p>The following staff administered the Calcium from 5/7/16, through 5/16/16: RN #12 and no title provided #13.</p> <p>Based on a 30-day supply, the medications received on 2/21/16, would have needed refilled on 3/21/16. The next refill was not received until 4/7/16. Resident #B's supply of Calcium would have been short 17 doses of Calcium.</p> <p>Based on a 30-day supply, the medications received on 4/7/16 would have needed refilled on 5/6/16. The next refill was not received until 5/16/16. Resident #B's supply of Calcium would have been short 10 doses of Calcium.</p> <p>During an interview with the Director of Nursing on 5/25/16 at 2:35 p.m., she indicated it was unknown how the resident received the medications, the medication had not removed from the EDK (emergency drug kit).</p> <p>This Federal tag relates to Complaint IN00199279.</p> <p>3.1-35(g)(2)</p>		<p>on or before 6/14/2016.</p> <ul style="list-style-type: none"> ·Each nurse will perform a medication pass skill validation on or before 6/14/2016. ·When a nurse passes medications the nurse will review the order and administer each medication as indicated in the EMAR system. If a medication is noted to not be available he or she will notify the pharmacy that the medication needs filled. The nurses will then go to the EDK/med select and remove the medication and administer to the resident if the medication is available. If the medication is not available the medication should be ordered from the pharmacy and the MD and family will be notified of a late administration. If medications are not on auto refill they should be ordered 2 to 4 days prior to the supply being exhausted. ·The DNS or designee will round each shift to check and ensure the nurses have ordered and administered resident medications appropriately. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> ·To ensure compliance the DNS/Designee will complete the Medication Administration/Documentation/Di 	

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F 0425 SS=D Bldg. 00	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on clinical record review and</p>	F 0425	<p>sposition CQI audit tool for six months with audits being completed once weekly for one month, and then monthly for 5 months by DNS or designee. The Medication CQI audit tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 95% threshold is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee</p> <p>What corrective action(s) will</p>	06/14/2016	

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	<p>interview, the facility failed to ensure discontinued medications were appropriately disposed of according to facility policy for 1 of 3 residents reviewed for discontinued medications in a sample of 3 (Resident #B) (LPN #1 & Pharmacist #2).</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 5/25/16 at 10:00 a.m. Diagnoses for Resident #B included, but were not limited to, glaucoma and constipation.</p> <p>A pharmacy document dated 3/4/16, and titled "Billing Review" indicated Resident #B received a 31-day supply of Polyethylene Glycol (miralax-to treat constipation) on 1/28/16, and 3/24/16.</p> <p>A pharmacy document dated 5/25/16, and titled "Patient Drug Utilization Report" indicated the resident also received a 31-day supply of Polyethylene Glycol on 5/16/16.</p> <p>The record lacked documentation the facility received the miralax for the month of February and April 2016.</p> <p>During an interview with Pharmacist #2 on 5/25/16 at 9:24 a.m., she indicated pharmacy had sent miralax for Resident</p>		<p>be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Resident #B's medication orders were reviewed and the medication cart was audited to ensure all medications were present to be administered per order. Any discontinued medications were destroyed/returned per policy. ·LPN #1 was educated on appropriate ordering of medications and the use of the facility EDK and med select machine. LPN was re-educated on the disposal of discontinued medications. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents who receive medications have the potential to be affected by the alleged deficient practice. ·Facility nurses will be in-serviced on the procedure for disposing of discontinued medications by the CEC or designee on or before 6/14/2016. ·The medications carts were audited on or before 6/14/16 to ensure there are no discontinued medications on the carts. All discontinued medications found will be disposed of per facility policy. 	

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	<p>#B on 1/28/16, 3/24/16, 5/16/16, and that it was only a 31-day supply. The resident should have been out of the medication in February and April.</p> <p>Review of Resident #B's medication administration record (MAR) for February and April 2016, indicated the resident had been given the miralax as ordered by the physician.</p> <p>During an interview with the Director of Nursing (DON) on 5/25/16 at 2:00 p.m., she indicated the nurse had provided the resident with ordered miralax from excess on the medication cart. She also indicated at that time, she did not know why the nurse had not reordered the medication.</p> <p>During an interview with the LPN #1 on 5/25/16, at 2:05 p.m., she indicated she provided Resident #B with miralax from other residents who had their miralax discontinued or from discharged residents no longer in the facility.</p> <p>On 5/25/16 at 3:45 p.m., the DON provided the Discontinued Medications policy, dated 7/2011, and indicated the policy was from the pharmacy and the one currently being used by the facility. "Discontinued Medications Purpose: To ensure all discontinued medications</p>		<p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> Facility nurses will be in-serviced on the procedure for disposing of discontinued medications by the CEC or designee on or before 6/14/2016. When an order is received to discontinue a medication the nurse will immediately remove the medication from the cart. The medication will then be returned to pharmacy and or disposed of per facility policy. The IDT team will review all physician orders during the morning IDT meeting and ensure that any discontinued medication has been removed from the cart and was disposed of appropriately. The DNS or designee will round each shift to check and ensure any discontinued medications have been removed from the carts and disposed of per policy. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> To ensure compliance the DNS/Designee will complete the Medication Administration/Documentation/Disposition CQI audit tool for six 	

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	<p>are disposed of according to federal and state regulations.</p> <p>Procedures:</p> <p>Non Controlled Medications-Return to the Pharmacy:</p> <p>When the physician gives an order to discontinue a medication the nurse will: ... The nurse will remove the medications from the med cart/treatment cart ..."</p> <p>On 5/25/16 at 3:45 p.m., the DON provided the Disposal of unused medications policy, dated 1/3/13, and indicated the policy was the one currently being used by the facility.</p> <p>"Purpose: To provide ... disposal options and some special disposal instructions to consider when throwing out expired, unwanted or unused medicines.</p> <p>Frequency: Each time a medication supply is no longer needed for any reason.</p> <p>Acceptable medication destruction practices:</p> <ol style="list-style-type: none"> 1) The facility has the option to utilize a local or state take-back program for disposal of unwanted medications. 2) Unwanted medications can be disposed of by placing in the trash only if the following procedure is strictly followed ... 3) There are many medications that simply need to be flushed via a hopper, sink or toilet such as liquid medications 		<p>months with audits being completed once weekly for one month, and then monthly for 5 months by DNS or designee. The Medication CQI audit tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 95% threshold is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee</p>	

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F 0514 SS=E Bldg. 00	<p>and other forms ...</p> <p>4) Facilities may utilize an incineration container that unused medications are dumped into and safely removed from the facility ..."</p> <p>This Federal tag relates to Complaint IN00199279.</p> <p>3.1-25(o) 3.1-25(p) 3.1-25(r)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on clinical record review and interview, the facility failed to ensure the medication administration record was accurately documented for 1 of 3</p>	F 0514	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient	06/14/2016	

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	<p>residents reviewed for accurate documentation in a sample of 3 (Resident #B). (LPN #3, RN #4, LPN #5, LPN #6, RN #7, RN #8, RN #9, LPN #10 and LPN #11, RN #12 and no title provided #13).</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 5/25/16 at 10:00 a.m. Diagnoses for Resident #B included, but were not limited to, glaucoma and constipation.</p> <p>Recapitulation of physician's orders for May 2016, indicated the resident needed Calcium 600 milligrams (mg) plus D3 (originally ordered 6/30/14) every day at bedtime.</p> <p>A pharmacy document dated 3/4/16, and titled "Billing Review" indicated Resident #B received a 30-day supply of Calcium plus Vitamin D3 (supplement) on 1/20/16, and 2/21/16.</p> <p>A pharmacy document dated 5/25/16, and titled "Patient Drug Utilization Report" indicated the resident also received a 30-day supply of Calcium plus Vitamin D3 on 4/7/16, and 5/16/16.</p> <p>The record lacked documentation the facility received the Calcium for the</p>		<p>practice?</p> <ul style="list-style-type: none"> ·Resident #B's medication orders werereviewed and the medication cart was audited to ensure all medications werepresent to be administered per order. The medication record was reviewed foraccurate documentation. ·LPN #3, #5,#6, #10,#11, #13, and RN #4, #7, #8,#9#12, were educated onappropriate medication administration documentation. <p>How willyou identify other residents having the potential to be affected by the samedeficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents who receive medications havethe potential to be affected by the alleged deficient practice. ·Facilitynurses will be in-serviced on the appropriate process for documenting the administration of medications bythe CEC or designee on or before 6/14/2016 ·Themedications carts were audited on or before 6/14/16 to ensure all orderedmedications are present in the medication carts. Any missing medications will be orderedappropriately. Medication administrationdocumentation will be reviewed for accuracy. <p>What measures will be put into</p>	

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	<p>month of March 2016.</p> <p>Review of the Medication Administration Record (MAR) for March, April and May 2016, indicated the medications had been administered as ordered. The following staff administered the Calcium from 3/21/16, through 4/6/16: LPN #3, RN #4, LPN #5, LPN #6, RN #7, RN #8, RN #9, LPN #10 and LPN #11.</p> <p>The following staff administered the Calcium from 5/7/16, through 5/16/16: RN #12 and no title provided #13.</p> <p>Based on a 30-day supply, the medications received on 2/21/16, would have needed refilled on 3/21/16. The next refill was not received until 4/7/16. Resident #B's supply of Calcium would have been short 17 doses of Calcium.</p> <p>Based on a 30-day supply, the medications received on 4/7/16, would have needed refilled on 5/6/16. The next refill was not received until 5/16/16. Resident #B's supply of Calcium would have been short 10 doses of Calcium.</p> <p>During an interview with the Director of Nursing on 5/25/16 at 2:35 p.m., she indicated it was unknown how the resident received the medications, the medication had not removed from the EDK (emergency drug kit).</p>		<p>place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> Facility nurses will be in-serviced on the appropriate process for documenting the administration of medications by the CEC or designee on or before 6/14/2016 When a nurse administers a medication he/she will document in EMAR that the medication was given. If a medication is not available or not given for any reason the nurse will document in EMAR that the medication was not administered with the reason. The DNS or designee will run and review the administration compliance report daily to ensure all medications were documented as given or held appropriately. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> To ensure compliance the DNS/Designee will complete the Medication Administration/Documentation/Disposition CQI audit tool for six months with audits being completed once weekly for one month, and then monthly for 5 months by DNS or designee. The Medication CQI audit tool will be reviewed monthly by the 	

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NAME OF PROVIDER OR SUPPLIER MEADOW LAKES			STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEADOW LAKE DR MOORESVILLE, IN 46158		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	
	This Federal tag relates to Complaint IN00199279. 3.1-50(a)(2)		CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 95% threshold is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee		