

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2015
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NAME OF PROVIDER OR SUPPLIER  MEADOW BROOK SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11011 VILLAGE SQUARE LANE FISHERS, IN 46038
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey Dates: July 14, 15, and 16, 2015</p> <p>Facility Number: 013163 Provider Number: 013163 AIM Number: N/A</p> <p>Census Bed Type: Residential: 62 Total: 62</p> <p>Census Payor Type: Other: 62 Total: 62</p> <p>Sample: 10</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p>	R 0000		
R 0092  Bldg. 00	<p>410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance</p> <p>(i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows: (1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory</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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	<p>residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.</p> <p>(2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.</p> <p>Based on interview and record review, the facility failed to conduct fire drills quarterly on each shift. This had the potential to affect 62 residents residing in the facility.</p> <p>Findings include:</p> <p>A binder containing monthly fire drills conducted since October, 2014 was provided by the Executive Director on 7/15/15 at 10:30 a.m. The binder included a total of 6 fire drills conducted since October, 2014 with the following dates, times, and shifts:</p> <p>6/16/15 @ 5:10 p.m., (no shift indicated) 5/15/15 @ 5:20 p.m., 2nd shift 4/6/15 @ 7:05 a.m., 1st shift 12/30/14 @ 11:15 p.m., 3rd shift 10/8/14 @ 8:05 (no a.m. or p.m.)</p>	R 0092	<p>R 0092</p> <ol style="list-style-type: none"> <li>1.No Residents were harmed</li> <li>2.All Residents have potential to be affected</li> <li>3.The Director of Maintenance has been reeducated regarding regulations and will be responsible for compliance and conducting fire drills with staff and residents in accordance of ISDH regulation.</li> <li>4.Compliance will be monitored by submitting copy of monthly drills to the Executive Director and the Safety Committee on a monthly basis for 12 months. An recurring calendar reminder has been placed on Executive Director and Director of Maintenance electronic calendars for the third Monday of every month.</li> </ol>	08/17/2015

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R 0216 Bldg. 00	<p>indicated), 2nd shift 10/2/14 @ 10:49 p.m., 3rd shift</p> <p>The binder did not include fire drills for the months of March, 2015, February, 2015, January, 2015, and November, 2014.</p> <p>An interview was conducted with the Maintenance Director on 7/16/15 at 11:00 a.m. He indicated he became up to date on fire drills in March, 2015.</p> <p>The Fire Drills policy was provided by Executive Director #2 on 7/16/15 at 11:45 a.m. It indicated, "A fire drill will be conducted at least every other month on each shift and will originate from different locations throughout the community....The Assisted Living Director, or designee, is responsible for scheduling, carrying out, and documenting all fire drills. Records of staff fire drills and resident fire drills are maintained on the premises for 12 months from the date of the drill and include the date and time of the drill..."</p> <p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of</p>			

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	<p>the following:</p> <p>(1) The resident ' s physical, cognitive, and mental status.</p> <p>(2) The resident ' s independence in the activities of daily living.</p> <p>(3) The resident ' s weight taken on admission and semiannually thereafter.</p> <p>(4) If applicable, the resident ' s ability to self-administer medications.</p> <p>(d) The evaluation shall be documented in writing and kept in the facility.</p> <p>Based on interview and record review, the facility failed to ensure a resident's weight was taken on admission for 2 of 5 residents reviewed for weights. (Resident #16 and 54)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #54 was reviewed on 7/14/15 at 1:30 p.m. The diagnoses for Resident #54 included, but were not limited to, dementia. Resident #54 was admitted to the facility on 6/17/15.</p> <p>The Resident Vitals History for Resident #54 included a total of one weight, dated 7/2/15. There was no admission weight included.</p> <p>An interview was conducted with the Director of Wellness on 7/15/15 at 10:05 a.m. She indicated their facility policy didn't specify an admission weight needed to be done, so the only weight</p>	R 0216	<p><u>R 0216</u> 1. No residents were harmed. 2. All Residents have the potential to be affected. 3. All Admission weights will be obtained by the staff on admission per Spectrum Policy and ISDH regulations. Staff will be inserviced to obtain admit weights 4. As a measure of compliance the Director Of Wellness will send out Notifications via Extended Care Professional system that will continue to display and remind staff for 72 hours after admission. The admission Nurse will be responsible for adding the weight to the Short Term Observation, the nurse's note and care plan as well as the vital sign report. Each shift following will double check to ensure this has been accomplished and documented and the Dir of Wellness will double check the admission paperwork. The Director of Wellness will import the resident's weight at the time of the Doctor visit with completion of History and Physical into our weight and vital sign report system as well.</p>	08/17/2015			

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	<p>taken for Resident #54 since her 6/17/15 admission was on 7/2/15.2. The clinical record for Resident #16 was reviewed on 7/14/15 at 1:58 p.m. The diagnoses for Resident #16 included, but were not limited to, cerebral palsy, hypokalemia, and weight loss. Resident #16 was admitted to the facility on 2/27/15.</p> <p>A review of the weights in the clinical record were as follows: 4/2/15=170.2 5/4/15=175.8 7/6/15=156 7/7/15=161.2.</p> <p>An admission weight was not located in the clinical record.</p> <p>During an interview with the Director of Wellness (DoW), on 7/15/15 at 9:15 a.m., the DoW indicated the facility was unable to locate an admission weight for Resident #16.</p> <p>A policy titled, Resident Weights dated 4/2014, was received from the Director of Wellness on 7/15/15 at 10:58 a.m. The policy indicated, "...Procedure 1. A resident's weight should be obtained upon move-in....2. Upon move-in, both weight and height should be obtained and recorded....</p>		5. Monthly Audits will be completed by DOW for the next six months.				

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R 0240 Bldg. 00	<p>410 IAC 16.2-5-4(d) Health Services - Deficiency (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences.</p> <p>Based on interview and record review, the facility failed to obtain monthly weights as indicated by a Resident's Service Plan and Assessments for 1 of 5 residents. (Resident #16)</p> <p>Findings include:</p> <p>The clinical record for Resident #16 was reviewed on 7/14/15 at 1:58 p.m. The diagnoses for Resident #16 included, but were not limited to, cerebral palsy, hypokalemia, and weight loss. Resident #16 was admitted to the facility on 2/27/15.</p> <p>An Assisted Living Assessment (Pre-admission Assessment), dated 2/25/15, indicated, "...Are the Resident's weights stable?" Unplanned Weight Loss/Gain was checked for this question. Under the Vital Signs section of the Assessment, it indicated, "...Resident is weighed and vital signs are taken monthly as part of included services, Service Provider Responsibilities: Weigh resident and take vital signs...."</p>	R 0240	<p>R 0240 1. No residents were harmed 2. All residents have the potential to be affected. 3. Service plans will be reviewed by the Director of Resident Care, Director of Wellness, and Executive Director to ensure the admission processes completed within the first 24 hours and the care plan reflects the resident's weight on admission and vitals are obtained with change of condition, Doctor order and monthly weights. 4. The Director of Wellness has requested the monthly weights and vital signs to be turned into her at completion so she is able to complete a double check that ALL weights and vital signs have been entered completely for a double check after night shift has entered. 5. Director of Wellness will complete a Monthly Vital sign audit within the first week of every month to ensure all weights have been documented for the following six months.</p>	08/17/2015

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	<p>An Assisted Living Assessment (Admission Assessment), dated 2/27/15, indicated, "...Are the Resident's weights stable?" Unplanned Weight Loss/Gain was checked for this question. Under the Vital Signs section of the Assessment, it indicated, "...Resident is weighed and vital signs are taken monthly as part of included services, Service Provider Responsibilities: Weigh resident and take vital signs...."</p> <p>Assisted Living Assessments, dated 3/12/15 and 4/15/15, indicated, "...Are the Resident's weights stable?" Unplanned Weight Loss/Gain was checked. Under the Vital Signs section of the Assessment, it indicated, "...Resident is weighted and vital signs are taken monthly as part of included services, Service Provider Responsibilities: Weigh resident and take vital signs...."</p> <p>A Service Plan, dated 4/15/15, indicated the following diagnoses: "hypokalemia, wt [weight] loss, and cerebral palsy." The Service Plan also indicated, "...Resident is weighed and vital signs are taken monthly as part of included services. Weight and vitals are recorded monthly. Service Provider Responsibilities: Weigh resident and take</p>			

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R 0241  Bldg. 00	<p>vital signs...."</p> <p>A review of the weights in the clinical record were as follows: 4/2/15=170.2 5/4/15=175.8 7/6/15=156 7/7/15=161.2.</p> <p>During an interview with the Director of Wellness (DoW), on 7/15/15 at 9:15 a.m., the DoW indicated she was unable to locate a weight for March or June in the clinical record for Resident #16.</p> <p>A policy titled, Care Plans, dated 4/2014, was received from the Director of Wellness, on 7/15/15 at 10:05 a.m. The policy indicated, "...The Care Plan will be mutually agreed upon by the Community and the Resident and serves as a basis for the service delivery contract between the Provider and the Resident. The Care Plan is designed to meet the specific needs and preferences of the Resident and serves as a communication tool that assists the associates in providing quality, individualized service...."</p> <p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician</p>						

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	<p>and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on observation, interview, and record review, the facility failed to administer the correct dose of a medication per a physician order for 1 of 5 residents observed for medication administration. (Resident #21)</p> <p>Findings include: The clinical record was reviewed on 7/15/15 at 10:30 a.m. The diagnoses for Resident #21 included, but were not limited to, hypertension.</p> <p>A current physician order indicated Resident #21 was to be given 1 tablet of Candesartan/Hydrochlorothiazide 32-12.5 milligrams every morning by mouth.</p> <p>The Medication Administration Record (MAR) for Resident #21, dated July 2015, indicated the following:  "Candesartan/Hydrochlorothiazide 32-12.5 milligrams. (This is a combination of both medications) Take 1 tablet every morning by mouth.</p> <p>Candesartan tablet 32 milligrams. Take one tablet by mouth every morning with</p>	R 0241	<p>R 0241 1. No Residents were harmed 2. All residents have the potential to be affected. 3. Administration of medication will be checked five times to ensure safe administration of medication. If there is any discrepancy the Wellness nurse or QMA will go to the Director of Wellness for clarification prior to administering medication to resident. Medication duplication on E MAR will be checked and reviewed throughout each shift by scheduled Wellness Nurses, and the Director of Wellness Daily. Any duplicate order QMA notes will be brought to the Wellness Nurse and Director of Wellness attention to review. 4. The Director of Wellness will double checks all carbon orders from the previous day to the E MAR to ensure transcribe appropriately. The Director of Wellness will audit resident orders daily to ensure there are no duplicate orders. Nursing in-service to beheld to ensure all nurses and QMA's will report duplicate orders to Director of Wellness and nurse will remove duplicate immediately.</p>	08/17/2015			

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	<p>Hydrochlorothiazide 12.5 milligrams.</p> <p>Hydrochlorothiazide 12.5 milligrams. Take one tablet by mouth every morning along with Candesartan 32 milligrams ... "</p> <p>During a random medication observation on 7/15/15 at 9:15 a.m., Qualified Medication Aide (QMA) #5 was observed pulling and administering Resident #21's medication. During the preparing of Resident #21's medication QMA #5 was observed comparing the MAR as she was pulling the medication and placing the pills in the medication cup. She dropped a tablet which the medication card indicated it was Candesartan 32 milligrams. She did not replace the pill, because the medication card was empty. QMA #5 indicated the MAR was confusing, and she was not sure the MAR was correct. QMA #5 also indicated she would need to check with the staff nurse for clarification. QMA #5 at this time gave the cup of pills to Resident #21 to take. After the administration of medication to Resident #21, QMA #5 proceeded to get clarification from LPN #3. QMA #5 indicated to LPN #3 that she had administered Candesartan/Hydrochlorothiazide 32-12.5 milligrams and</p>			

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R 0298 Bldg. 00	<p>Hydrochlorothiazide 12.5 milligrams to Resident #21. LPN #3 indicated this was a duplicate order and a medication error.</p> <p>An interview was conducted on 7/15/15 at 11:00 a.m., with the Director of Wellness. She indicated the medication on the MAR was duplicated, and it was not caught during the entry of the order. Resident #21 was to receive a total of 32 milligrams of Candesartan and 12.5 milligrams of Hydrochlorothiazide. The Candesartan/Hydrochlorothiazide 32-12.5 milligrams was a combination of Candesartan 32 milligrams and Hydrochlorothiazide 12.5 milligrams in one pill. Resident #21 should not have received the additional pill which was 12.5 milligrams of Hydrochlorothiazide.</p> <p>410 IAC 16.2-5-6(c)(2) Pharmaceutical Services - Deficiency (2) A consultant pharmacist shall be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility; (C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping; (D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and (E) review the drug regimen of each resident</p>			

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	<p>receiving these services at least once every sixty (60) days.</p> <p>Based on interview and record review, the facility failed to review a resident's drug regimen once every 60 days for 1 of 5 residents reviewed for drug regimen review. (Resident #18)</p> <p>Findings include:</p> <p>The clinical record for Resident #18 was reviewed on 7/15/15 at 9:30 a.m. The diagnoses for Resident #18 included, but were not limited to, diabetes.</p> <p>The MARs (medication administration records) for Resident #18 indicated facility administration of medications since 4/1/15. No pharmacy drug regimen review was found in the clinical record.</p> <p>An interview was conducted with the Director of Wellness on 7/15/15 at 2:38 p.m. She reviewed Resident #18's clinical record and indicated she could not find verification of a pharmacy review. She indicated the pharmacy was in the facility on 5/27/15 doing drug regimen reviews, and Resident #18 should have had one at that time. She indicated she was unsure if Resident #18's review was missed on 5/27/15, and was waiting on a call back from the pharmacy for clarification.</p>	R 0298	<p><u>R 0298</u> 1. No resident was harmed. 2. All residents have the potential to be affected. 3. Clinical reviews are to be completed by the Pharmacy Consult within 60 days. If a resident changes status from self-med to facility administration the order will be written and faxed to the pharmacy to come out and review the resident s medication in a timely manner. 4. The Director of Wellness will send an e mail request in addition to the physician order stating the pharmacy needs to review. The Director of Wellness has requested with our new pharmacy, all charts be reviewed even if the pharmacy does not supply the medication and the Facility administers medication. 5. Director of Wellness will complete audit checks for the next six months to ensure that the pharmacy has completed consults on residents.</p>	08/17/2015

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R 9999 Bldg. 00	<p>An interview was conducted with the Director of Wellness on 7/16/15 at 9:24 a.m. She indicated there was no pharmacy review for Resident #18.</p> <p>The Medication Regimen Review policy was provided by the Director of Wellness on 7/16/15 at 9:34 a.m. It indicated, "(Name of facility) communities shall afford each resident a medication regimen review by a licensed pharmacist at a minimum of every 60 days for each resident whose medication is managed by the community...The administrator or operator, or the designee, shall ensure that the medication regimen review is maintained in each resident's clinical record."</p> <p>Based on interview and record review, the facility failed to ensure a Certified Nursing Assistant (CNA) maintained an active license for 1 of 19 CNAs reviewed for appropriate certification. (CNA #3)</p> <p>Findings include:</p> <p>An interview was conducted on 7/16/15 at 11:55 a.m., with the Executive Director #2. She indicated it was her</p>	R 9999	<p><b>POC R999 1.</b> CNA #3 license was renewed immediately among notification of expiration. <b>2.</b> No residents were harmed. All residents had the potential to be affected. <b>3.</b> A spread sheet has been created with all Certified Nursing Assistant's current licenses and expiration dates. This will be checked monthly and all CNA's will be notified of their license expiring a month prior to expiration by posting those</p>	08/17/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 07/16/2015	
NAME OF PROVIDER OR SUPPLIER  MEADOW BROOK SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 11011 VILLAGE SQUARE LANE FISHERS, IN 46038			
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	<p>understanding that CNA #3's license had expired.</p> <p>An interview was conducted on 7/16/15 at 12:00 p.m. with the Business Office Manager. She indicated monitoring licensing is a team effort between her and the supervisors, and CNA #3's license was just missed for renewal.</p> <p>CNA #3's timesheet was provided by the Director of Wellness on 7/16/15 at 10:30 a.m. This timesheet indicated CNA #3 had worked in the facility a total of 13 times since the expiration of her license. CNA #3 license expired on 6/28/15.</p>		<p>names in each Wellness Office monthly. There will be training to check this posting monthly at the monthly Wellness Meeting. CNA's will be required to sign an understanding agreement. 4. The Business Office Manager will review the spread sheet monthly. She will contact the Director of Resident Care with upcoming license expiration. The Director of Resident Care is in charge of notifying CNA's of their upcoming expiration. CNA will be removed from the schedule if licensed not renewed.</p>				