

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

PRINTED: 08/24/2017
FORM APPROVED
OMB NO. 0938-0391

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 03/21/2017	
NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168			
(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	
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00222370, IN00222751 and IN00224059.</p> <p>Complaint IN00222370 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00222751 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00224059 - Substantiated. A State Residential deficiency related to the allegations is cited at R0241.</p> <p>Survey dates: March 20 & 21, 2017</p> <p>Facility number: 012394</p> <p>Residential census: 117</p> <p>This State Residential finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on March 22, 2017.</p>		R 0000				

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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R 0241 Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense</p> <p>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician 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 record review and interview, the facility failed to ensure physician's orders for medication administration were followed for 1 of 3 residents reviewed for medication orders (Resident C).</p> <p>Findings include:</p> <p>The record for Resident C was reviewed on 3/20/17 at 1:30 p.m. Resident C's diagnoses included, but were not limited to, osteoporosis and chronic back pain.</p> <p>A physician's order, dated 2/9/17, indicated Resident C was to have a Lidocaine 5% patch (promotes local anesthesia) apply a patch in the a.m. and remove in the p.m., 12 hours later.</p> <p>The pharmacy list of medications filled for Resident C indicated no patches were refilled during the months of October, 2016, and January, 2017. The form indicated 30 patches were supplied with each refill.</p>		R 0241	<p>This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of (Name of Community) as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction</p>		04/06/2017	

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	<p>Resident C received 30 patches on 9/11/16, 11/9/16, 12/15/16, and 2/6/17.</p> <p>When Resident C was discharged from the facility 2/17/17, 20 patches were sent to the new facility with her.</p> <p>During the months of October, November and December, 2016, and January and February, 2017, Resident C should have received 140 patches.</p> <p>From 9/11/16 through discharge, 2/17/17, 120 patches were delivered to the facility. Of these, 20 patches were left over. This leaves a deficit of 40 patches not administered.</p> <p>The Administrator indicated, during an interview on 3/21/17 at 1:10 p.m., she expected all medications to be administered as ordered, and no other conclusion could be drawn but that the patches were not being applied daily as ordered. She expressed her disappointment in the staff. The Director of Health Services (DHS) indicated, at the same time, that she guessed she has been too trusting that the staff have been doing what they were supposed to.</p> <p>This State Residential Finding relates to Complaint IN00224059.</p>				<p>with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.</p> <p>Tag 241</p> <p>Resident C has moved from the community. The Director of Nursing shall review all residents medication orders to determine whether any other resident is prescribed medication as Resident C. The Community has adopted the policy wherein the Director of Nursing shall receive a copy of all physician orders. The Director of Nursing shall review all of the orders to ensure proper administration and management. The DON will review all orders that are received. The DON will conduct an in-service, to be completed no later than April 6, 2017, with all nursing staff. The in-service will include: physician orders for medications, administering medication ordered, re-ordering of medication, and documentation of the medication administered.</p>		

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					<p>The Director of Nursing shall provide a list of residents that are ordered lidocaine patches to the Executive Director weekly. The Executive Director shall track once a month the patches to determine that they are administered as ordered by the physician. The Executive Director shall review the MAR, talk with individuals handling the patches, and review her findings with the Director of Nursing to complete this audit for a period of six months.</p> <p>Corrective Action Date April 6, 2017.</p>		