

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155766	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2018
NAME OF PROVIDER OR SUPPLIER MAPLE MANOR CHRISTIAN HOME INC		STREET ADDRESS, CITY, STATE, ZIP COD 643 W UTICA ST SELLERSBURG, IN 47172		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00257855.</p> <p>Complaint IN00257855 - Unsubstantiated due to lack of sufficient evidence.</p> <p>Unrelated deficiency is cited at F842.</p> <p>Survey date: May 1, 2018</p> <p>Facility number: 000563 Provider number: 155766 AIM number: 100267610</p> <p>Census Bed Type: SNF/NF: 48 Total: 48</p> <p>Census Payor Type: Medicare: 3 Medicaid: 34 Other: 11 Total: 48</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 2, 2018.</p>	F 0000		
F 0842 SS=D Bldg. 00	<p>483.20(f)(5); 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p>			

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	<p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. <p>Based on interview and record review, the facility failed to ensure staff documented, on the medication administration record, the administration of narcotics for 3 of 3 residents reviewed for documentation. (Resident B, C, and D)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The clinical record for Resident B was reviewed on 5/1/18 at 10:55 a.m. Diagnoses included, but were not limited to, unilateral inguinal hernia with obstruction and pain. <p>The re-admission order, dated 12/19/17, indicated the resident was to receive morphine sulfate (pain medication) 0.25 ml (milliliters) every two hours as needed for pain.</p>	F 0842	<p>Affected Resident Corrective Actions –</p> <ol style="list-style-type: none"> 1. Review and investigate residents to identify PRN controlled medications not documented for last 3 months. <p>Other Resident Corrective Actions –</p> <ol style="list-style-type: none"> 1. Review all resident documentation to identify PRN controlled medications not documented for last 3 months. <p>Measures to implement for systemic changes –</p> <ol style="list-style-type: none"> 1. Review current policies, develop and implement Controlled Medication Management & Administration (see attached). 	05/31/2018

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	<p>The controlled drug use record for the morphine sulfate indicated the resident received the medication four times in February 2018 and two times in March 2018.</p> <p>The February 2018 and March 2018 medication administration record lacked documentation of the administration of the morphine sulfate.</p> <p>The physician order, dated 2/26/18 at 3:50 p.m., indicated the resident was to receive lorazepam (anxiety medication) 0.25 ml every two hours as needed for anxiety.</p> <p>The controlled drug use record indicated the resident received the medication seven times during the month of March.</p> <p>The March 2018 medication administration record lacked documentation of the administration of the medication.</p> <p>2. The clinical record for Resident C was reviewed on 5/1/18 at 1:21 p.m. Diagnoses included, but were not limited to, end stage dementia and anxiety.</p> <p>The physician order, dated 11/29/17, indicated the resident was to receive Norco (pain medication) 5/325 mg (milligrams), one tablet every six hours as needed for pain.</p> <p>The controlled drug use record indicated the resident received the medication twice in January 2018, seven times in February 2018, and six times in March 2018.</p> <p>The January 2018 medication administration record lacked documentation of the administration</p>		<p>2. Develop policy regarding Medication Administration. This will include scheduled and PRN medications (see attached). Quality Measures and Quality Assurance Monitoring –</p> <ol style="list-style-type: none"> 1. Monitoring and auditing of medication administration weekly – documentation on a log of compliance for analytics (see attached). 2. Reporting of audit reports during quality assurance meeting 3. Follow up with individuals to complete late documentation. <p>Plan of Correction Implementation</p> <ol style="list-style-type: none"> 1. Affected Residents Identified – completed 2. Other Residents Reviewed – completed by May 31, 2018 3. Measures to implement for systemic changes – policy Controlled Medication Management & Administration implemented May 1; Medication Administration will be implemented by May 31, with In-servicing on 5/15/2018. 4. Quality Measures & Monitoring – implemented May 2, 2018, continue to monitor and reporting during Quality Assurance Meeting will begin on May 16, 2018. 	

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	<p>of the medication.</p> <p>The February 2018 medication administration record indicated the resident received the medication only three times during the month.</p> <p>The March 2018 medication administration record lacked documentation of the administration of the medication.</p> <p>3. The clinical record for Resident D was reviewed on 5/1/18 at 2:00 p.m. Diagnoses included, but were not limited to, osteoarthritis and chronic pain.</p> <p>The admission orders, dated 1/23/18, indicated the resident was to receive Hydrocodone (pain medication) 5/325 mg, one tablet every four hours as needed for pain.</p> <p>The controlled drug use record indicated the resident received the medication thirty one times during the month of February 2018.</p> <p>The February 2018 medication administration record indicated the resident only received the medication 11 times during the month.</p> <p>The controlled drug use record indicated the resident received the medication 15 times during the month of March.</p> <p>The March 2018 medication administration record indicated the resident received the medication one time during the month.</p> <p>During an interview, on 5/1/18 at 1:35 p.m., the Director of Nursing indicated as needed medications that are administered should be documented on the medication administration</p>			

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	<p>record.</p> <p>On 5/1/18 at 1:53 p.m., the Director of Nursing in Training provided a current copy of the document titled "Medication Monitoring and Management", dated January 2007. It included, but was not limited to, the following:</p> <p>"Procedures...Administration of medications is documented, including the frequency and reason for administration of as needed [PRN] medications..."</p> <p>3.1-50(a)(2)</p>			