

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

PRINTED: 08/12/2016

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 07/13/2016
NAME OF PROVIDER OR SUPPLIER COUNTRY CHARM VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 S INDIANAPOLIS, IN 46227		
(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 Complaint IN00204233.</p> <p>Complaint IN00204233 - Substantiated. A State deficiency related to the allegations is cited at R241.</p> <p>Survey date: July 13, 2016</p> <p>Facility number: 003283 Provider number: 003283 AIM number: n/a</p> <p>Census bed type: Residential: 58 Total: 58</p> <p>Sample: 3</p> <p>This State finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Q.R. completed by 14466 on July 18, 2016.</p>	R 0000	<p>This plan of correction is submitted as required under either or both State and Federal Law. The submission of this plan of correction on 7/29/2016 does not constitute an admission of fault of liability to the government entity or any third party, on the part of Country Charm Village, as to the accuracy of the surveyor's findings of the conclusions drawn therefrom. Submission of this plan of correction also does not 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 to be subsequent remedial measures as that concept is employed in Rule 47 of the Federal Rules of Evidence and any corresponding state rules of civil procedure should be inadmissible in any proceeding on that basis and the community reserves the right to object to the admission of this statement of deficiency or the plan of correction under any other theory of law. The community submits this plan of correction with the intention that it is 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 company.</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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R 0241 Bldg. 00	<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 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 diabetic monitoring were followed for 1 of 3 residents reviewed for diabetic monitoring in a sample of 3 (Resident #B).</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 7/13/16 at 9:50 a.m. Diagnoses for Resident #B included but were not limited to, diabetes, neuropathy, hypertension and venous insufficiency.</p> <p>A recapitulation of physician's orders for July 2016, indicated the resident required blood sugar (BS) monitoring (finger stick) 2 times a day at 6:00 a.m., and 4:00 p.m. (original order date 11/30/15). The resident also had orders to notify the physician for BS results that were less than 70 (milligrams per deciliter) or greater than 400 (milligrams per deciliter), originally ordered 11/23/15.</p>	R 0241	<p>1. The corrective action for Resident B identified in the alledged allegation on 7/13/2016 at 9:50 a. m. is all finger stick documentation shall be placed on a Diabetic Monitoring Flow Sheet. 2. This alledged allegation may affect all residents who are described as a Diabetic. The Executive Director shall inservice all nursing professional staff regarding diabetic resident monitoring including the use of the Diabetic Monitoring Flow Sheets, signing, and documenting notification of physician, and documenting the administering of the sliding scale insulin, date, times, site and accurately and consistently recording of the capillary blood glucose readings.</p> <p>3. To ensure this alledged allegation does not recur the Director of Nursing shall review each residents Diabetic Monitoring Flow Sheet to determine notification of physician of any capillary blood sugar results that are less than 70 (milligrams per deciliter) or greater than 400 (milligrams per deciliter) is documented on the</p>	08/12/2016

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	<p>The "Blood Glucose Level Log" indicated the resident had BS results outside the physician ordered parameters on the following dates:</p> <p>5/29/16 at 6:00 a.m. BS 68 5/15/16 at 6:00 a.m. BS 69 6/21/16 at 6:00 a.m. BS 64 6/19/16 at 6:00 a.m. BS 44 6/17/16 at 4:00 p.m. BS 45 6/11/16 at 6:00 a.m. BS 58 6/8/16 at 6:00 a.m. BS 53 6/5/16 at 6:00 a.m. BS 69 6/4/16 at 6:00 a.m. BS 67</p> <p>The record lacked documentation the physician was notified of BS results below 70.</p> <p>6/3/16 at 4:00 a.m. BS 20, Resident #B was found on the floor at the bedside. Glucagon (medication for the treatment of low blood sugar) administered stat (immediately) as indicated by MD order.</p> <p>7/2/16 at 4:00 p.m. BS 66 7/3/16 at 6:00 a.m. BS 56</p> <p>The record lacked documentation the physician was notified of BS results below 70.</p> <p>The "Blood Glucose Level Log" lacked BS monitoring results for the following</p>		<p>Diabetic Monitoring Flow Sheet.</p> <p>4. The Director of Nursing shall monitor the notification of physician and documentation of capillary blood sugar results daily for thirty (30) days, then weekly for three months, then monthly thereafter. The Executive Director shall co-sign the monitoring forms as an additional quality assurance and will be the corrective action. 5. The date of the systemic changes will be completed by August 12, 2016.</p>	

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	<p>dates:</p> <p>4/24/16 at 4:00 p.m. 4/22/16 at 6:00 a.m. and 4:00 p.m. 4/21/16 at 4:00 p.m. 4/18/16 at 6:00 a.m. 4/15/16 at 6:00 a.m., and 4:00 p.m. 4/13/16 at 6:00 a.m., and 4:00 p.m. 4/12/16 at 4:00 p.m. 4/5/16 at 6:00 a.m. 4/4/16 at 6:00 a.m. 4/3/16 at 4:00 p.m. 4/2/16 at 4:00 p.m. 4/1/16 at 6:00 a.m., and 4:00 p.m. 5/30/16 at 4:00 p.m. 5/22/16 at 4:00 p.m. 5/20/16 at 4:00 p.m. 5/1/16 at 6:00 a.m., and 4:00 p.m.</p> <p>During an interview with the Administrator and Director of Nursing on 7/13/16 at 2:40 p.m., they indicated they were unable to find the missing BS monitoring results or physician notifications for BS results below 70.</p> <p>This State tag relates to Complaint IN00204233.</p>			