

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

PRINTED: 01/06/2020

FORM APPROVED

OMB NO. 0938-039

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 12/11/2019	
NAME OF PROVIDER OR SUPPLIER RITTENHOUSE VILLAGE AT VALPARAISO				STREET ADDRESS, CITY, STATE, ZIP CODE 1300 VALE PARK RD VALPARAISO, IN 46383			
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: December 10 & 11, 2019</p> <p>Facility number: 012181</p> <p>Residential Census: 91</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 12/16/19.</p>			R 0000	<p>Opening disclosure statement Rittenhouse Village at Valparaiso provides the following Plan of Correction "POC" without admitting or denying the validity or existence of the alleged deficiencies. The POC is prepared and/or executed solely because it is required by the provisions of federal and state laws.</p>		
R 0214 Bldg. 00	<p>410 IAC 16.2-5-2(a) Evaluation - Deficiency</p> <p>(a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on record review and interview, the facility failed to ensure Service Plans were completed to include contracted services and diabetic management for 2 of 7 residents reviewed. (Residents 4 & 3)</p> <p>Findings include:</p> <p>1. Record review for Resident 4 was completed on 12/10/19 at 11:49 a.m. Diagnoses included, but were not limited to asthma, vascular dementia, and diabetes mellitus.</p>			R 0214	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Service plans for res #4 and res #3 have been updated to include pertinent services</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?</p>		01/10/2020

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 disclosable 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>A Physician's Order, dated 9/10/19, indicated the resident to have Physical Therapy and Occupational Therapy per Home Health of choice for safety awareness and strengthening due to recent fall.</p> <p>The December 2019 Physician's Order Summary indicated an order for blood sugar checks daily.</p> <p>The resident's Service Plan was last updated on 10/17/19. The Service Plan did not include the resident had received therapy. The Service Plan indicated the resident did not need assist with diabetes management.</p> <p>Interview with the Director of Nursing (DON) on 12/10/19 at 1:37 p.m., indicated contracted services are not always put on the Service Plans. The resident was currently receiving therapy and the staff completed blood sugar checks on the resident every morning. The Service Plan should have been updated to indicate the resident received therapy and needed assistance with diabetic management. 2. The record for Resident 3 was reviewed on 12/10/19 at 10:54 a.m. Diagnoses included, but were not limited to, hypertension and hyperlipidemia.</p> <p>The resident was admitted to the facility on 10/7/19. An admission Physician's Order indicated an order for a therapy evaluation.</p> <p>An Admission Service Plan was completed on 10/7/19. The Service Plan lacked indication the resident was receiving therapy services.</p> <p>Interview with the DON on 12/10/19 at 1:37 p.m. indicated the resident was still currently receiving therapy. She had not always included therapy or</p>		<ul style="list-style-type: none"> All residents have the potential to be affected All service plans will be audited and updated to include therapy services and diabetic management/services as applicable by January 10, 2019 <p>3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> DHW/Designee will audit 10 medical records weekly. Following 4 consecutive weeks of compliance audits will decrease to 10 medical records monthly x 12 months then as needed By 1-10-2020 all licensed nurses will be re-educated on the process and expectations related to resident service plan updates. Updates will include items such as therapy services and diabetic management. <p>4. 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"> Results of audits will be discussed at weekly management meeting until 100% and then results will be brought to quarterly QA meeting to monitor for ongoing compliance. 				

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R 0216 Bldg. 00	<p>other contracted services on the service plans.</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 the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on record review and interview, the facility failed to ensure a medication self-administration evaluation was completed for 1 of 7 records reviewed. (Resident 3)</p> <p>Finding includes:</p> <p>The record for Resident 3 was reviewed on 12/10/19 at 10:54 a.m. Diagnoses included, but were not limited to, hypertension and hyperlipidemia.</p> <p>The resident was admitted to the facility on 10/7/19. The Admission Physician's Order Summary indicated the resident self-administered medications.</p>			R 0216	<p>5. By what date the systemic changes will be completed? January 10, 2020</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident #3 Self administration of medication assessment was completed on 12/10/2019.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken? · All residents that self-administer their medications have the potential to be affected · DON or designee will audit</p>		01/10/2020

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	<p>There was no completed medication self administration assessment.</p> <p>Interview with LPN 1 on 12/10/19 at 9:45 a.m. indicated Resident 3 self-administered her medications.</p> <p>Interview with the Director of Nursing (DON) on 12/10/19 at 11:25 a.m., indicated a medication self administration assessment should have been completed upon admission.</p>				<p>all medical records of residents who self-administer their medications-all residents noted to be out of compliance will be immediately corrected.</p> <p>3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> The self-administration of medication assessment form will be added to the admission paperwork. The nurse will complete upon admission for all residents that self-administer their medications All licensed nurses will be inserviced regarding completion of self-administration of medication assessment form by 1-10-2020 The DHW/designee will complete a post admission medical record audit of each new admission to monitor compliance of form completion. <p>4. 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"> Results of audits will be reviewed in weekly management meeting until 4 weeks of compliance and then results will be brought to quarterly QA meeting to monitor for ongoing 		

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R 0217 Bldg. 00	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the facility failed to ensure the Service Plan was signed by the resident and/or their responsible party for 1 of</p>			R 0217	<p>compliance By what date the systemic changes will be completed? January 10, 2020</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been</p>		01/10/2020

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	<p>7 records reviewed. (Resident 3)</p> <p>Finding includes:</p> <p>The record for Resident 3 was reviewed on 12/10/19 at 10:54 a.m. Diagnoses included, but were not limited to, hypertension and hyperlipidemia.</p> <p>The resident was admitted to the facility on 10/7/19. An Admission Service Plan was completed on 10/7/19. There was no signature noted of the resident and or responsible party to indicate the Service Plan had been reviewed and accepted.</p> <p>Interview with the Director of Nursing (DON) on 12/10/19 at 11:25 a.m., indicated the Service Plan should have been signed by the resident or responsible party.</p>				<p>affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident #3 signed her service plan on 12-10-2019 <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected DON or designee will audit all service plans to assure that each service plan has been signed by the resident or their responsible party by 1-10-2020. <p>3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> The DHW/designee will complete a post admission medical record audit of each new admission to monitor compliance of signatures on service plans within 7 days of admission. DHW/designee will monitor all updated/revised service plans for appropriate signatures (ongoing) All licensed nurses will be inserviced regarding requirements and expectations for service plan signatures by 1-10-2020 <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur,</p>		

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R 0299 Bldg. 00	<p>410 IAC 16.2-5-6(c)(3) Pharmaceutical Services - Noncompliance (3) The medication review, recommendations, and notification of the physician, if necessary, shall be documented in accordance with the facility's policy. Based on record review and interview, the facility failed to ensure pharmacy recommendations were followed up on and reviewed for 1 of 6 resident records reviewed for pharmacy recommendations. (Resident 6)</p> <p>Finding includes:</p> <p>The record for Resident 6 was reviewed on 12/10/19 at 3:00 p.m. The resident was admitted to the facility on 5/26/16. Diagnoses included, but were not limited to, Parkinson's disease and diabetes mellitus.</p> <p>A Consultant Communication to Physician form, dated 1/7/2019, indicated the following, "...has an order for Lantus (a long acting insulin) 5 units QHS (at bedtime) as well as SS Humalog TID (sliding scale short acting insulin three times daily). Sliding scale is not recommended for routine maintenance therapy and Lantus starting</p>			R 0299	<p>i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> Results of all audits will be discussed at weekly management meeting until 4 weeks of compliance and then results of audits will be brought to quarterly QA meeting to continue to monitor compliance <p>5. By what date the systemic changes will be completed? January 10, 2020</p> <p>1. 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 # 6 pharmacy recommendation was faxed to physician on 12-11-2019 for consideration <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?</p> <ul style="list-style-type: none"> All residents with pharmacy recommendations have the potential to be affected. DHW/designee will audit 2019 pharmacy recommendations (for current residents) for completion. Any pharmacy recommendation that is identified 		01/10/2020

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	<p>dose is usually 10 units. Please determine if Lantus dose should be increase [sic] and if SS insulin/checks can be discontinued...." The pharmacist also recommended an A1C (lab test that monitors blood sugar) to be drawn routinely. The form had yes or no spaces the physician could check if he agreed or disagreed with the recommendations. All spaces were blank, with no check marks present.</p> <p>At the bottom of the form a separate section was titled , "...Physician Response to Recommendation /Finding...." The physician could check if he agreed or not to recommendations and sign the form. All areas were blank and the form was not signed.</p> <p>During an interview with the Director of Nursing on 12/11/19 at 11:00 a.m., she indicated she was unable to locate documentation the physician had received the pharmacy recommendation or that the recommendation had been followed up on.</p>				<p>as not addressed will be faxed to MD for consideration. Documentation will be maintained of physician communication.</p> <p>3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> All licensed nurses will be inserviced by January 10, 2020 regarding process and expectations for follow through of pharmacy recommendations DHW/designee will audit monthly pharmacy recommendations for compliance of physician notification. Any identified as out of compliance will be addressed with physician <p>4. 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"> Results of audits will be reviewed at weekly managers meeting until 100% compliance and then audits will be discussed and Quarterly QA meeting to monitor continued compliance <p>5. By what date the systemic changes will be completed? January 10, 2019</p>		