STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155659	A. BUILDING 00 B. WING	07/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SELLERSBURG HEALTHCARE CENTER	7823 OLD HWY # 60 SELLERSBURG, IN 47172

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00265217, IN00265951, IN00266420, and IN00266670. Complaint IN00265217 - Unsubstantiated due to lack of sufficient evidence. Complaint IN00265951 - Unsubstantiated due to lack of sufficient evidence. Complaint IN00266420 - Substantiated. Federal/State deficiencies related to the allegations are cited at F801. Complaint IN00266670 - Substantiated. Federal/State deficiencies related to the allegations are cited at F842. Survey dates: July 7, 9, and 10, 2018 Facility number: 010613 Provider number: 155659 AIM number: 200221040 Census Bed Type: SNF/NF: 77 SNF: 24 Total: 101 Census Payor Type: Medicare: 24 Medicaid: 64 Other: 13 Total: 101 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.	F 0000	Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint Survey on July 10, 2018. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Quality review completed on July 11, 2018.			
F 0801 SS=C Bldg. 00	483.60(a)(1)(2) Qualified Dietary Staff §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e) This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a			

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	"registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who- (i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is: (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. Based on interview and record review, the facility failed to ensure a Certified Dietary Manager with	F 0801	**F 801**	07/23/2018

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	appropriate credentials was in place. This deficient practice had the potential to effect 99 of 101 residents who receive meals in the facility. Findings include: During an interview, on 7/7/18 at 11:20 a.m., Dietary Cook 3 indicated the current Dietary Manager (DM) was DM 4. During an interview, on 7/9/18 at 11:13 a.m., DM 4 indicated her credentials were in storage in another state and she has had her credentials since 1981. She would not be able to provide her credentials to serve as the dietary manager. She had been out of the dietary service for the past four years and had not had any continuing education in that time frame. During an interview, on 7/9/18 at 2:55 p.m., the Administrator indicated the facility did not have a full time registered dietitian in the building. On 7/9/18 at 2:30 p.m., Unit Manager 10 provided a current copy of the document titled "Professional Staffing" dated September 2017. It included, but was not limited to, "Policy Statement...The Dining Services department will employ sufficient staff, with appropriate competencies and skills sets to carry out the functions of food and nutrition services...If the qualified dietitian or other clinically qualified nutrition professional is not employed full time, a director of food and nutrition services who meets the necessary qualifications will be employed...A "qualified director of food and nutrition services" is one who...is a certified dietary manager, or...a certified food service manager, or...has similar national certification for food service management and safety from national certifying body; or...has an associate's or higher		**Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:** No specific resident was identified as being effected **Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken**: All residents who receive meals in the facility have the potential to be effected. **Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:** Facility/HCSG will increase Registered Dietitian hours to fulltime (35) to meet state requirement until current manager enrolls and completes the state approved Certification for Dietary Manager and/or another Certified Dietary manager is hired. **How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:** Proof of certification of completion of state approved Dietary Manager Course will be obtained by HCSG and provided to facility ED anytime there is a change in the management designation. Copies of certifications will be maintained and monitored by HCSG/ED.	

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	degree in food service management or in hospitality, if the course of study includes food service or restaurant management, from an accredited institution of higher learning, and...in states that have established standards for food service manager or dietary managers, meets the state requirements for food service managers or dietary managers..." The current policy titled "Department Staffing" and dated September 2017, included, but was not limited to, "Policy Statement...The Dining Services department will employ sufficient staff, with appropriate competencies...A "qualified direct of food and nutrition services" is qualified based on educational requirements and/or as defined by the state requirements...Procedures...The director of food and nutrition services is qualified in accordance with applicable regulatory guidelines..." This Federal tag relates to Complaint IN00266420 3.1-20(c)		**Date of Completion**: 07-23-2018	
F 0842 SS=D Bldg. 00	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 agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the			

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	facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §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- (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. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (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.			

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	§483.70(i)(5) The medical record must contain- (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. Based on interview and record review, the facility failed to ensure staff documented a resident's blood sugars and timely insulin administration for 1 of 3 residents reviewed for documentation. (Resident F) Findings include: The clinical record for Resident F was reviewed on 7/9/18 at 11:04 a.m. Diagnosis included, but was not limited to, diabetes. The June 2018 MAR (medication administration record) indicated the resident was to receive 15 units of humalog insulin (medication for diabetes) at 6:30 a.m. The June 2018 MAR indicated the insulin was administered at the following times: -6/01/18 at 08:49 a.m. -6/04/18 at 09:27 a.m. -6/05/18 at 11:51 a.m. -6/06/18 at 02:48 p.m. -6/08/18 at 06:34 p.m.	F 0842	**F 842** **Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:** Resident F is confidential as part of the complaint survey. **Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken**: Director of Nursing or designee will complete the following: Review all resident medical records to ensure there is timely documentation for ordered blood sugars and insulin administration. **Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:**	07/20/2018

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	-6/09/18 at 01:07 p.m. -6/10/18 at 09:09 a.m. -6/11/18 at 07:08 p.m. -6/12/18 at 04:07 p.m. -6/13/18 at 06:37 p.m. -6/14/18 at 09:07 a.m. -6/15/18 at 10:34 a.m. -6/16/18 at 09:18 a.m. -6/18/18 at 12:15 p.m. -6/19/18 at 11:17 a.m. -6/20/18 at 01:08 p.m. -6/22/18 at 12:54 p.m. The clinical record lacked documentation of the insulin administration on 6/2/18, 6/3/18, 6/7/18, 6/21/18, 6/24/18, and 6/25/18. The June 2018 MAR indicated the resident was to receive Lispro (diabetes medication) insulin, 3 units before meals at 7:00 a.m., 12:00 p.m., and 5:00 p.m. The clinical record lacked documentation of the insulin administration on the following dates and times: -6/01/18 at 5:00 p.m. -6/02/18 at 7:00 a.m., 12:00 p.m., and 5:00 p.m. -6/03/18 at 7:00 a.m., 12:00 p.m., and 5:00 p.m. -6/07/18 at 7:00 a.m., 12:00 p.m., and 5:00 p.m. -6/17/18 at 12:00 p.m. and 5:00 p.m. -6/21/18 at 7:00 a.m. and 12:00 p.m. -6/24/18 at 7:00 a.m. and 12:00 p.m. -6/25/18 at 7:00 a.m. The June 2018 MAR indicated the resident was to receive humalog, with the number of units based on the resident blood sugar reading, at 5:00 a.m., 11:00 a.m., 4:00 p.m. and 8:00 p.m.		Director of Nursing or designee will re-educate the Licensed Nurses on the following policy: Medication Administration **How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:** The following audits will be conducted by the Director of Nursing or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: Review 5 resident medical records to ensure there is timely documentation for ordered blood sugars and insulin administration. The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.	

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	The clinical record lacked documentation of a blood sugar reading and insulin administration on the following dates and times: -6/01/18 at 11:00 a.m. and 4:00 p.m. -6/02/18 at 11:00 a.m. and 4:00 p.m. -6/03/18 at 11:00 a.m. and 4:00 p.m. -6/07/18 at 11:00 a.m. and 4:00 p.m. -6/09/18 at 5:00 a.m. -6/17/18 at 11:00 a.m. and 4:00 p.m. -6/21/18 at 11:00 a.m. -6/24/18 at 11:00 a.m. -6/26/18 at 5:00 a.m. During an interview, on 7/9/18 at 4:16 p.m., the Director of Nursing indicated nurses should initial the MAR when the insulin was administered. During an interview, on 7/9/18 at 4:32 p.m., Unit Manager 5 indicated insulin can be given an hour before or an hour after it was due to be given. On 7/10/18 at 3:32 p.m., Unit Manager 10 provided a current copy of the document titled "Medication Administration" dated 12/14/17. It included, but was not limited to, "Definitions...Medication Administration Record - the legal documentation for medication administration...Medications will be charted when given...Medications will be administered with the time frame of one hour before up to one hour after time ordered..." This Federal tag relates to Complaint IN00266670 3.1-50(a)(2)			