

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

PRINTED: 03/07/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155827	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/16/2022
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NAME OF PROVIDER OR SUPPLIER SAGE BLUFF HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4180 SAGE BLUFF CROSSING FORT WAYNE, IN 46804
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00372250, IN00372572, and IN00372903.</p> <p>Complaint IN00372250 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684.</p> <p>Complaint IN00372572 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684.</p> <p>Complaint IN00372903 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey dates: February 14, 15, and 16, 2022</p> <p>Facility number: 013293 Provider number: 155827 AIM number: 201273090</p> <p>Census Bed Type: SNF/NF: 39 SNF: 11 Total: 50</p> <p>Census Payor Type: Medicare: 9 Medicaid: 30 Other: 11 Total: 50</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 18, 2022</p>	F 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 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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F 0684 SS=E Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on record review and interview the facility failed to ensure physician orders were followed for glucose checks and insulin administration for 4 of 4 residents reviewed for administration of insulin. (Resident B, Resident C, Resident D and Resident E.)</p> <p>Findings include:</p> <p>1. A record review for Resident B began on 2-15-2022 at 2:00 p.m. Diagnoses included, but were not limited to, diabetes mellitus, hypertension, cerebral infarction (a stroke) with hemiplegia and hemiparesis (weakness to paralysis of one side of the body), chronic obstructive pulmonary disease, and depressive disorder.</p> <p>A review of Resident B's most recent Quarterly MDS (Minimum Data Set) Assessment, dated 1-12-2022 indicated their BIMS (Brief Interview for Mental Status) score was 5/15. This indicated Resident B had severe cognitive impairment. The MDS Assessment also indicated Resident B had a diagnosis of diabetes mellitus and received insulin injections everyday during the assessment period of 7 days.</p>	F 0684	<p>Preparation and submission of this Plan of Correction is required by state and federal law. This Plan of Correction does not constitute an admission for the purpose of general liability, professional malpractice, or any other court proceeding.</p> <p>F-684</p> <p>Element 1: Resident's B, C, D, and E were noted to not have proper documentation of accu-check and insulin administration and were lacking documentation of resident refusals. Moving forward, residents B, C, D, and E will receive their glucose checks and insulin, or will have documentation stating that they refused their glucose checks and insulin.</p> <p>Element 2: To identify like residents, the DON, or designee, has audited all residents who receive glucose checks and</p>	03/11/2022
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	<p>A review of Resident B's current active orders indicated an order dated 2-9-2021, for Humulin R (a short acting insulin), 2 units give SQ (under the skin), 2 times a day. Also an order, dated 10-22-2021, for Humulin R to be injected as per a listed sliding scale (a progressive increase in a pre-meal or nighttime insulin dose to be administered and based on the blood glucose level.) before meals and at bed time.</p> <p>A review of Resident B's Medication Administration Record (MAR), dated February 2022, indicated documentation was lacking for administration of routine Humulin R Insulin 2 units to be administered two times on 2-6-2022 at 12:00 p.m. (1200) and at 5:00 p.m. (1700), on 2-10-2022 at 5:00 p.m., and administration of Humulin R Insulin to be administered before meals and bedtime per sliding scale on 2-6-2022 at 12:00 p.m., 5:00 p.m., and on 2-10-2022 at 5:00 p.m.</p> <p>A review of Resident B's progress noted were lacking documentation why the insulin was not administered.</p> <p>2. A record review for Resident D began on 2-16-2022 at 9:30 a.m. Diagnoses included but were not limited to, diabetes mellitus, hypertension, chronic obstructions pulmonary disease, major depressive disorder, anxiety disorder.</p> <p>A review of Resident D's Quarterly MDS Assessment, dated 1-12-2022, indicated their BIMS (Brief Interview for Mental Status) score was 15/15. This indicated Resident D was cognitively intact. The MDS Assessment also indicated Resident D had a diagnosis of diabetes mellitus and received insulin injections everyday during the assessment period of 7 days.</p>		<p>insulin to ensure that the proper documentation of glucose checks and insulin administration are being done as of February 24, 2022.</p> <p>Element 3: To prevent this from recurring, the DON, or designee, will educate all licensed nursing staff on following physician orders for glucose checks and insulin administration and proper documentation of resident refusals by March 3, 2022.</p> <p>Element 4: To monitor ongoing compliance, the DON, or designee, will audit (5) resident charts for following glucose checks and insulin administration and proper documentation of resident refusals weekly for 4 weeks and monthly times two months. All audits will be taken to the QAPI committee meetings for review and recommendations every month for at least 6 months and will make recommendations to ensure the facility will be 100% compliant. After 100% compliance is achieved, The QA committee will review at least quarterly</p> <p>Compliance Date: March 11, 2022</p>	

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	<p>A review of Resident D's current active orders indicated an order dated 9-14-2021 for Humalog Insulin (a fast acting insulin) to be injected per sliding scale by SQ (under the skin) injection before meals and at bedtime. An order, dated 9-15-2021 for Lantus Insulin (a long acting insulin) was to give 40 units to be injected SQ every morning.</p> <p>A review of Resident D's MAR, dated February 2022, indicated documentation was lacking for administration of Lantus Insulin 40 units every morning at 8:00 a.m. on 2-8-2022. The documentation was also lacking for 14 doses of Humalog Insulin per sliding scale and lacked the records of the blood glucose level which was required to administer the correct dose of insulin. The missed glucose levels were on the following dates and times: On 2-1-2022 at 4:00 p.m. and 8:00 p.m., on 2-2-2022 at 4:00 p.m., on 2-4-2022 at 8:00 a.m., 12:00 p.m., and 4:00 p.m., on 2-5-2022 at 4:00 p.m., on 2-6-2022 at 4:00 p.m., on 2-8-2022 at 08:00 a.m., 12:00 p.m. and 4:00 p.m., on 2-9-2022 at 4:00 p.m., on 2-10-2022 at 4:00 p.m., and on 2-11-2022 at 8:00 p.m.</p> <p>A review of Resident D's progress noted were lacking documentation why the insulin was not administered, and the glucose checks were not completed.</p> <p>3. A record review for Resident C began on 2-16-2022 at 11:00 a.m. Diagnoses included but were not limited to, diabetes mellitus, hypertension, and degenerative disease of the nervous system.</p> <p>A review of Resident C's Quarterly MDS Assessment, dated 1-20-2022, indicated the</p>			

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	<p>resident was comatose and a BIMS was not completed. The MDS Assessment also indicated Resident C had a diagnosis of diabetes mellitus and received insulin injections everyday during the assessment period of 7 days.</p> <p>A review of Resident C's current active orders indicated an order dated 11-6-2021 for Novolog (a rapid acting insulin) Flexpen to be injected per sliding scale by SQ injection 4 times a day.</p> <p>A review of Resident C's MAR, dated February 2022, indicated documentation was lacking for 6 doses of Novolog Flexpen per sliding scale and lacked the records of the blood glucose. The missed glucose levels were on the following dates and times: On 2-4-2022 at 6:00 a.m., on 2-6-2022 at 12:00 p.m. and 4:00 p.m., on 2-10-2022 at 4:00 p.m., on 2-11-2022 at 8:00 p.m., and on 2-16-2022 at 6:00 a.m.</p> <p>A review of Resident C's progress noted were lacking documentation why the glucose tests were not completed.</p> <p>4. A record review for Resident E began on 2-16-2022 at 11:50 a.m. Diagnoses included but were not limited to, diabetes mellitus with diabetic retinopathy and hypertension.</p> <p>A review of Resident E's MDS Assessment indicated the Entry Record was completed and the Admission MDS was in process. The resident was identified by the facility as being interviewable.</p> <p>Review of Resident E's current active orders indicated an order for Humulin R Insulin 15 units to be injected SQ (under the skin) 1 time a day with breakfast. An order for Humulin R 25 units to</p>			

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	<p>be injected SQ in the afternoon with lunch. An order for Insulin Aspart 70-30 Flexpen (a mixed insulin 70% intermediate acting insulin and 30% a rapid acting insulin) 60 units injected SQ at bedtime.</p> <p>A review of Resident E's MAR, dated February 2022 indicated the documentation was lacking for 1 dose of Insulin Aspart 70-30 on 2-2-2022 at 8:00 p.m. and for 1 dose of Humulin R Insulin 25 units on 2-6-2022 at 12:00 p.m.</p> <p>A review of Resident E progress notes were lacking documentation why the insulin was not administered.</p> <p>During an interview, LPN 6 on 2-16-2022 at 2:18 p.m., indicated when a resident refused their insulin, they would retry to administer later or have another nurse try to administer the medication. LPN 1 indicated they would report the refusal to the NP (Nurse Practitioner) and would document on the MAR. LPN 1 indicated the MAR had a code to indicate resident refusal and a progress note to indicate why the insulin was not given.</p> <p>During an interview, QMA 2 on 2-16-2022 at 2:20 p.m., indicated any time a medication was not given, it needed to be documented on the MAR. QMA 2 indicated the MAR had codes to enter why the medication was not given, and a progress note would come up to document the reason why the medication was not given.</p> <p>During an interview, LPN 8 on 2-16-2022 at 2:24 p.m., indicated when a resident refused their insulin they would reapproach later to see if they would take the insulin. LPN 8 indicated they would educate the resident on the need for the</p>			

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	<p>insulin and try again or see if another nurse could try to give the insulin. LPN 8 indicated they would try at least 3 times, then would call the NP, notify them, then would document the resident's refusal on the MAR and in the progress notes.</p> <p>During an interview the Regional Director of Clinical Services on 2-16-2022 at 3:15 p.m., indicated she had noticed the missing documentation on the MAR. She indicated the facility did not have a specific policy on the documentation of medication administration for a refusal of a medications. She also indicated it was a Standard of Practice to document when medications was given or if it was not given. She further indicated the MAR had coding available and documentation when a medication was not given.</p> <p>Review of a current facility policy, provided by the Regional Director of Clinical Services on 2-16-22 at 2:25 p.m., from the facility's pharmacy, with a effective date of 1-1-2022, titled, General Dose Preparation and Medication Administration, indicated, "...This Policy describes appropriate methods of medication administration. Staff should refer to manufacturer recommendations for administration...Subcutaneous Injections..Procedure...15. Document medication administration and site of injection...6. After medication administration, Facility staff should take all measures required by Facility policy and Applicable Law, including, but not limited to the following: 6.1 Document necessary medication administration/treatment information (e.g. [examples], when medications are opened, when medications are given, injection site of the medication, if medications are refused, PRN (as needed) medications, application sight) on appropriate forms...."</p>			

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	This citation is related to Complaints IN00372250, and IN00372572. 3.1-37				