

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

PRINTED: 08/16/2019

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 07/11/2019	
NAME OF PROVIDER OR SUPPLIER MILLER BEACH TERRACE				STREET ADDRESS, CITY, STATE, ZIP COD 4905 MELTON RD GARY, IN 46403			
(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 a State Residential Licensure Survey.</p> <p>Survey dates: July 10 & 11, 2019</p> <p>Facility number: 001140</p> <p>Residential Census: 137</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed on July 16, 2019.</p>			R 0000			
R 0144 Bldg. 00	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation and interview, the facility failed to ensure resident rooms and common areas were clean, comfortable and in good repair related to loose cove bases, chipping plaster and doors, lighting, stained carpet and furniture, torn mattress covers, rust around toilet bases, and loose bathroom sinks for 3 of 3 halls throughout the facility. (The 300, 200, and 100 halls)</p> <p>Finding includes:</p> <p>During the Environmental Tour on 7/10/19 at 1:31 p.m., with the Maintenance Supervisor, the following were observed:</p> <p>300 hall</p>			R 0144	<p>300 Hall A, B, C. Resident bathrooms throughout building were checked and any rust in resident bathrooms was removed. Mattress pads were checked throughout the building and were replaced as necessary. The sitting chair was disposed of and the couch was cleaned.</p> <p>200 Hall A, B Entrance doors to rooms have been inspected and doors are being replaced, if necessary, throughout the building a few at a time. Cove base was checked throughout the building and was re-attached/replaced as</p>		08/12/2019

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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R 0154 Bldg. 00	<p>a. Room 319 (1) Resident: There was a build up of rust around the base of the toilet</p> <p>b. Room 341 (2) Residents: There was a build up of rust on the bottom of the cabinet below the sink. The carpeting was stained. The mattress pad on Bed 2 was torn.</p> <p>c. Upper Stairs Lobby: The couch was discolored and dirty. The seat upholstery of a sitting chair was torn with the foam lining sticking out.</p> <p>200 hall</p> <p>a. Room 216 (2) Residents: The bottom of the entrance door was splintered with edges of wood sticking out. The cove base was peeling on the wall under the outside window. The towel rack in the bathroom was broken off.</p> <p>b. Room 215 (1) Resident: The sink cabinet was pulling out from the wall.</p> <p>100 hall</p> <p>a. Room 112 (2) Residents: The cove base was loose by the entrance door. Plaster was peeling above the shower door and ceiling.</p> <p>b. Room 109 (2) Residents: The ends of the carpet were peeling at the entrance door. Plaster was peeling from the ceiling above the toilet.</p> <p>During the Environmental Tour, the Maintenance Supervisor indicated the above areas were in need of cleaning and/or repair.</p> <p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens,</p>				<p>necessary. Vanities were checked throughout the building and re-attached as necessary.</p> <p>100 Hall A, B Cove base was checked throughout the building and was re-attached/replaced as necessary. Room 112 ceiling was repaired. Room 109 bathroom ceiling was scraped.</p> <p>Bathroom rust and ceilings added to internal maintenance log. Housekeeping staff responsible for reporting on the internal maintenance log. Maintenance staff responsible for repairs. Maintenance supervisor to monitor during rounds, visually, 5 days per week, ongoing.</p>		

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R 0155 Bldg. 00	<p>kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation and interview, the facility failed to keep the kitchen clean related to dirty floors and dirty dry storage bins in 1 of 1 kitchens observed (Main Kitchen). This had the potential to affect the 137 residents who received meals from this kitchen.</p> <p>Finding includes:</p> <p>During the initial kitchen sanitation tour on 7/10/19 at 12:40 p.m., with the Dietary Food Manager, the following were observed:</p> <p>a. An accumulation of dirt and food debris on the floor of the walk in freezer.</p> <p>b. In the dry storage room, there was spilled food and liquid on the floor.</p> <p>c. The dry storage bins had crumbs and a dried pink substance on the outside of the lids.</p> <p>Interview with the Dietary Food Manager at the time, indicated the above items needed to be cleaned.</p>			R 0154	<p>a. The floor of the walk in freezer has been swept and cleaned.</p> <p>b. The dry storage room floor has been swept and cleaned.</p> <p>c. The dry storage bins have been cleaned.</p> <p>Storage bins, freezer floor and dry storage area floor have been added to the internal kitchen maintenance sheets. Kitchen maintenance person responsible. Kitchen supervisor to monitor three times daily, visually, during rounds.</p>		07/29/2019
	<p>410 IAC 16.2-5-1.5(l) Sanitation and Safety Standards - Deficiency (l) The facility shall have an effective garbage and waste disposal program in accordance with 410 IAC 7-24. Provision shall be made for the safe and sanitary disposal of solid waste, including dressings, needles, syringes, and similar items.</p> <p>Based on observation and interview, the facility failed to ensure garbage and waste was contained</p>			R 0155	<p>a. Debris on the ground around the open bin has been swept.</p>		08/09/2019

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R 0216 Bldg. 00	<p>for 2 of 2 outdoor dumpsters.</p> <p>Finding includes:</p> <p>During the Environmental tour on 7/10/19 at 2:00 p.m., with the Maintenance Supervisor, the following were observed:</p> <p>a. No lid in place over or attached to the small bin. Boxes, trash, cigarette butts, and dry spillage were noted in the disposal bin. Flies and insects were observed flying around the bin, and there were insects crawling around the pile of cigarette butts. Debris, including uncontained disposable gloves, was observed on the ground around the open bin.</p> <p>b. The cover on one side of the large disposal bin was open. Boxes, trash, cigarette butts, and dry spillage were noted in the bin, and flies and insects were observed flying around.</p> <p>When interviewed at the time, the Maintenance Supervisor indicated there should have been lids on the small bin and the lid of the large bin should have been closed.</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</p>				<p>Disposal service has been contacted for a new bin containing a lid.</p> <p>b. Maintenance staff have been in serviced on the importance of closing trash bin lids. Maintenance staff responsible for keeping lids closed.</p> <p>All supervisors responsible for monitoring upon entering or exiting the building, ongoing.</p>		

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	<p>self-administer medications.</p> <p>(d) The evaluation shall be documented in writing and kept in the facility.</p> <p>Based on observation, record review and interview, the facility failed to ensure a resident who had medications in her room was assessed timely and appropriately for 1 of 9 residents reviewed for self medication administration. (Resident 3)</p> <p>Finding includes:</p> <p>During an interview, on 7/10/19 at 3:00 p.m., Resident 3 indicated she kept her inhaler and nasal spray in her room and could administer them when needed. She then removed the inhaler from her pocket for viewing.</p> <p>The record for Resident 3 was reviewed on 7/10/19 at 2:45 p.m. Diagnoses included, but were not limited to, seizures, schizophrenia, major depression, asthma, high blood pressure, COPD (chronic obstructive pulmonary disease), and osteoarthritis.</p> <p>Current Physician's Orders indicated albuterol HFA inhaler 2 puffs twice daily and fluticasone 50 micrograms (mcg) 1 spray in each nostril twice daily.</p> <p>There was no order for the resident to self administer her own medications.</p> <p>A service plan, signed by the resident on 11/10/18, indicated she was alert and oriented. There was no information or documentation the resident self administered her medications.</p> <p>There was no assessment the resident could appropriately self administer her own medications.</p>			R 0216	<p>An evaluation of residents was completed and any resident who could administer their own medication, a physician order was acquired. Residents who are able to self-administer and keep at bedside, a re-evaluation was completed of residents ability to self-administer. Residents will not be allowed to self-administer oral medications ie. pills. Policy for self-administration of medications was updated.</p> <p>Nurses responsible for acquiring order for self-administration of medications or may keep at bedside order. Nurses responsible for assessment for self-administration. Nurses responsible for re-instruction and resident re-demonstration of skills to self-administer own medications.</p> <p>DON responsible for reviewed self-administration by monitoring medication pass and medication orders one time daily, 5 x weekly, x one month, ongoing.</p>		07/30/2019

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R 0241 Bldg. 00	<p>During an interview, on 7/11/19 at 9:10 a.m., the Director of Nursing indicated there was no policy for residents who wish to self administer their own medications. There was no assessment or Physician's Order for the resident to self administer her own medications.</p> <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 observation, record review and interview, the facility failed to ensure Physician's Orders were followed as written related to medication administration for 2 of 5 residents observed during medication pass. (Residents 11 and 7)</p> <p>Findings include:</p> <p>1. On 7/11/19 at 8:46 a.m., LPN 1 was observed administering medications to Resident 11. The resident received Aspirin 81 milligrams (mg), Plavix (a blood thinner) 75 mg, Lasix (a diuretic) 40 mg, Metoprolol (a heart medication) 25 mg, and Potassium Chloride 20 milliequivalents (mEq).</p> <p>The record for Resident 11 was reviewed on 7/11/19 at 9:00 a.m. A Physician's Order, dated 9/26/18, indicated the resident was to receive Hydroxyurea (a chemotherapy medication) 500 mg daily at 8:00 a.m.</p>			R 0241	<p>1. Medication that has been ordered and requires a prior approval, physician will be notified and medication will be put on hold until prior approval has been received, order has been changed to something else, or d/c'd. Nurse prints list of medications not received from pharmacy daily. DON will monitor list daily and follow-up with doctor and pharmacy for prior approvals on Mondays and Fridays. Facility driver will deliver any necessary paperwork to doctor on Mondays and Fridays.</p> <p>2. Residents will be re-instructed on the proper use of their inhalers. They will be expected to re-demonstrate proper procedure. Residents that are unable to</p>		07/30/2019

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R 0246 Bldg. 00	<p>Interview with LPN 1 on 7/11/19 at 9:05 a.m., indicated the Hydroxyurea was not included in the resident's pill pack and the medication would have to be ordered from the pharmacy.</p> <p>2. On 7/11/19 at 8:53 a.m., LPN 1 handed Resident 7 his Albuterol inhaler. The resident took 2 puffs, without waiting in between, and handed the inhaler back to the LPN. The LPN did not instruct the resident to wait a minute in between puffs.</p> <p>The record for Resident 7 was reviewed on 7/11/19 at 8:55 a.m. A Physician's Order on the July 2019 Physician's Order Summary (POS), indicated the resident was to receive Albuterol aerosol HFA, inhale 2 puffs twice a day, wait one minute in between puffs.</p> <p>Interview with the Director of Nursing on 7/11/19 at 9:30 a.m., indicated the resident should have been instructed to wait at least one minute in between puffs.</p> <p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.</p> <p>Based on observation, record review and interview, the facility failed to ensure QMA's received approval from licensed staff prior to administering as needed (prn) medications for 1 of 5 residents observed during medication</p>			R 0246	<p>re-demonstrate proper procedure will not be allowed to self-administer their medications. Resident responsible to demonstrate proper procedure. Charge nurse to monitor visually, during medication pass, daily</p> <p>QMA was re-instructed on proper procedure for PRN medication administration. A form was developed (enclosed) to document PRN medication authorization by</p>		07/30/2019

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R 0273 Bldg. 00	<p>administration. (Resident 12)</p> <p>Finding includes:</p> <p>On 7/11/19 at 8:54 a.m., QMA (Qualified Medication Aide) 1 was observed preparing medications for Resident 12. At that time, the resident indicated she would like a pain pill. The QMA then opened the bottom drawer of her medication cart and administered an Ibuprofen (a nonsteroidal anti-inflammatory medication used to treat mild to severe pain) 800 mg (milligram) pill to the resident. She did not receive authorization prior to administering the medication from the LPN who was in the medication room at the time.</p> <p>The record for Resident 12 was reviewed on 7/11/19 at 9:10 a.m. Diagnoses included, but were not limited to, chronic pain.</p> <p>The 7/2019 Physician Order Summary indicated, Ibuprofen 800 mg as needed for pain.</p> <p>Interview with the Charge Nurse on 7/11/19 at 10:18 a.m., indicated there was no current system in place for QMA's to receive authorization prior to administering as needed medications. She further indicated QMA's were not utilized in the past and she was not aware she needed to authorize and co-sign all as needed medications by the nurse.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, record review, and</p>			R 0273	<p>LPN for each administration of a PRN medication. Charge nurse responsible for retraining QMA and cosigning form for each PRN given. DON to monitor PRN medication administration and documentation, one time daily x 5 days weekly, x one month and then ongoing.</p> <p>a, b. The dietary staff was</p>		08/09/2019

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	<p>interview, the facility failed to provide safe labeling of food in refrigerators and freezers, ensure an employee's hair was properly secured, and have knowledge of and monitor the chemical dishwasher in 1 of 1 kitchens observed. (The Main Kitchen).</p> <p>Findings include:</p> <p>1. During the initial kitchen sanitation tour with the Dietary Food Manager (DFM) on 7/10/19 at 12:40 p.m., the following was observed:</p> <p>a. In the walk in freezer there was an opened, ziplock bag of sliced lunch meat, undated and unlabeled.</p> <p>b. In the walk in refrigerator, there were ten paper bags that contained pre-made sandwiches that were undated and unlabeled; there were four opened, undated one-gallon jars of ranch dressing, Italian dressing, sweet relish and thousand island dressing.</p> <p>Interview with the DFM on 7/10 19 at 12:50 p.m., indicated all items should be labeled when opened and disposed of within three days.</p> <p>The policy titled, Dietary Department Procedures On Storing Leftover Foods & Food Labeling, was received from the DFM on 7/11/19 at 11:30 a.m. The policy stated, "...Food labels must include the preparation date. Already prepared items, must have the date it was opened..."</p> <p>c. The DFM was asked to demonstrate the dishwasher. When asked if it was a high temperature or a chemical dishwasher, he indicated he did not know.</p>				<p>in-serviced on labeling opened and/or pre-made foods.</p> <p>c. Policy has been developed on how to monitor the dishwasher. Dietary staff has been in-serviced on how to monitor chemical solution.</p> <p>d. Dietary employees have been in-serviced on the importance of wearing a hair net and how to properly wear a hair net. Dietary personnel responsible for labeling, monitoring dishwasher, and wearing hair nets properly. Dietary supervisor to monitor visually, during rounds, three times per day, five times per week, ongoing.</p>		

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R 0301 Bldg. 00	<p>Interview with the DFM on 7/11/19 at 11:15 a.m., indicated he had been in contact with the dishwasher manufacturer and demonstrated how to monitor chemical solution. He further indicated there was no facility policy on how to monitor the dishwasher.</p> <p>d. Dietary Employee 1 was observed preparing lunch. Her hair was not secured in the front and was loose from the hair net. The DFM indicated, at this time, it should be secured in the hairnet.</p> <p>410 IAC 16.2-5-6(c)(5) Pharmaceutical Services - Deficiency (5) Labeling of prescription drugs shall include the following: (A) Resident ' s full name. (B) Physician ' s name. (C) Prescription number. (D) Name and strength of the drug. (E) Directions for use. (F) Date of issue and expiration date (when applicable). (G) Name and address of the pharmacy that filled the prescription. If medication is packaged in a unit dose, reasonable variations that comply with the acceptable pharmaceutical procedures are permitted. Based on observation, record review and interview, the facility failed to ensure medications were identified and labeled when opened for 1 of 1 medication storage areas and for 2 of 2 medication carts. (Medication room, Medication cart 1, Medication cart 2)</p> <p>Findings include:</p> <p>The following was observed during the observation of the Medication Room on 7/10/19 at</p>			R 0301	<p>Nursing was in serviced on having pharmacy replace label of any medications that have come off. Nurses are expected to date bottles and vials when they are opened.</p> <p>Medication in medication cart will have date when they are opened recorded on bottles. Medication on medication cups will be properly</p>		07/30/2019

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(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 0304 Bldg. 00	<p>1:00 p.m.:</p> <p>1. An opened 1/2 full vial of Lantus insulin was observed in the Medication Room. No resident name or room number was on the vial. An opened vial of Humalog insulin with no resident name or room number was also in the Medication room.</p> <p>2. Two open bottles of Lactulose (a laxative) had no opened dates. Opened bottles of Valporic acid (a medication to treat seizures) and Colace (a stool softener) did not have open dates.</p> <p>3. Two open bottles of liquid Fluphenazine (an antipsychotic medication) in Medication Cart 1 did not have date opened labels.</p> <p>4. There were three small paper medication cups in Medication Cart 2. All three unlabeled cups had opened and uncovered medications in them. There were (5) blue pills in one cup, (2) pink and white pills in another, and (18) 1/2 pills in the third cup.</p> <p>When interviewed at the time, LPN 1 indicated all opened bottles, vials, or packages of medications were to have a label to identify the date they were first opened.</p> <p>410 IAC 16.2-5-6(e) Pharmaceutical Services - Deficiency (e) Medicine or treatment cabinets or rooms shall be appropriately locked at all times except when authorized personnel are present. All Schedule II drugs administered by the facility shall be kept in individual containers under double lock and stored in a substantially constructed box, cabinet, or mobile drug storage unit. Based on observation and interview, the facility</p>			R 0304	<p>identified with resident name, room number, name and strength of drug, and directions for use.</p> <p>Nursing responsible to date bottles and vials they open and to replace labels when needed with pharmacy assistance. DON to monitor one time daily x 5 days weekly, x monthly, ongoing.</p> <p>The narcotic count sheet</p>		07/30/2019

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

PRINTED: 08/16/2019

FORM APPROVED

OMB NO. 0938-039

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R 0354 Bldg. 00	<p>failed to ensure the dispensing of controlled substances was monitored related to failure to account for each dose of narcotic medications for 1 of 2 Medication Carts. (Medication Cart 1)</p> <p>Finding includes:</p> <p>On 7/10/19 at 1:00 p.m., an opened bottle of Hydrocodone (a narcotic) 5/325 milligrams (mg) were observed in Medication Cart 1. The resident's name was on the bottle. No narcotic count sheets were filled out for each shift or administration.</p> <p>When interviewed at the time, LPN 1 indicated all narcotic doses administered were to be signed out by Nursing staff when they were given. The narcotics were to be counted each shift. No current narcotic reconciliation sheet was available for the Hydrocodone.</p> <p>410 IAC 16.2-5-8.1(g)(1-7) Clinical Records - Noncompliance (g) A transfer form shall include the following: (1) Identification data. (2) Name of the transferring institution. (3) Name of the receiving institution and date of transfer. (4) Resident ' s personal property when transferred to an acute care facility. (5) Nurses ' notes relating to the resident ' s: (A) functional abilities and physical limitations; (B) nursing care; (C) medications; (D) treatment; and (E) current diet and condition on transfer. (6) Diagnosis. (7) Date of chest x-ray and skin test for tuberculosis.</p>				<p>procedure was reviewed with LPN's. Medication in medication cart will have date they were opened recorded on bottles.</p> <p>Nursing responsible to indicate all narcotic doses administered and given and signed. DON to monitor one time daily x 5 days weekly, x monthly, ongoing.</p>		

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R 0356 Bldg. 00	<p>Based on record review and interview, the facility failed to ensure clinical records were complete and accurately maintained related to the lack of a transfer form and discharge instructions for 1 of 2 closed records reviewed. (Resident 9)</p> <p>Finding includes:</p> <p>The record for Resident 9 was reviewed on 7/10/19 at 9:30 a.m. Diagnoses included, but were not limited to, depression and chronic right knee pain.</p> <p>A Nursing Progress Note, dated 5/1/19, indicated the resident was discharged from the facility. He transferred to another assisted living facility.</p> <p>There was no documentation to indicate a transfer form had been completed.</p> <p>During an interview, on 7/11/19 at 9:45 a.m., the Director of Nursing indicated there was no transfer form completed at the time of discharge. The resident and his family made all of his arrangements. She was not aware a transfer form was needed.</p> <p>410 IAC 16.2-5-8.1(i)(1-8) Clinical Records - Noncompliance (i) A current emergency information file shall be immediately accessible for each resident, in case of emergency, that contains the following: (1) The resident 's name, sex, room or apartment number, phone number, age, or date of birth. (2) The resident 's hospital preference. (3) The name and phone number of any legally authorized representative. (4) The name and phone number of the resident 's physician of record.</p>			R 0354	A transfer form will be completed on transfers. If resident leaves with no notice a transfer form will be mailed to the facility or place they moved, if we have that information. Charge nurse responsible for transfer sheets. DON to monitor discharges for transfer sheets as they occur, ongoing.		07/30/2019

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	<p>(5) The name and telephone number of the family members or other persons to be contacted in the event of an emergency or death.</p> <p>(6) Information on any known allergies.</p> <p>(7) A photograph (for identification of the resident).</p> <p>(8) Copy of advance directives, if available.</p> <p>Based on record review and interview, the facility failed to ensure an emergency information file was available for 2 of 9 records reviewed. (Residents 4 and 5)</p> <p>Findings include:</p> <p>1. The record for Resident 4 was reviewed on 7/10/19 at 2:56 p.m. The resident was admitted to the facility on 6/27/19, and diagnoses included, but were not limited to, blind left eye, bipolar disorder, insulin dependent diabetes, and left below the knee amputation.</p> <p>The resident did not have an emergency information file available for review.</p> <p>2. The record for Resident 5 was reviewed on 7/11/19 at 9:32 a.m. The resident was admitted to the facility on 7/5/19. Diagnoses included, but were not limited to, insulin dependent diabetes, major depression, hypertension and chronic obstructive pulmonary disease.</p> <p>The resident did not have an emergency information file available for review.</p> <p>During an interview, on 7/11/19 at 11:00 a.m., the Office Manager indicated the resident pictures for Resident 4 and 5 had been taken, but an emergency file had not been completed.</p>		R 0356	<p>The Nurse, upon admission, will make sure that the business office has a written copy of resident face sheet until a typed copy is completed. Part of the orientation process completed in the business office, upon admission, is having photo taken and printed. Office manager to monitor inclusion of all required information on the written face sheet and photos taken and printed, as admissions occur, ongoing.</p> <p>Nursing personnel responsible for providing face sheets to business office upon admission. DON to monitor upon admissions, ongoing.</p>		07/29/2019	