

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

PRINTED: 09/10/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155469	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/12/2021
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NAME OF PROVIDER OR SUPPLIER CASA OF HOBART	STREET ADDRESS, CITY, STATE, ZIP COD 4410 W 49TH AVE HOBART, IN 46342
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00358258, IN00358365, and IN00359859.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and PSR to the Investigation of Complaint IN00351910 completed on 7/2/21.</p> <p>Complaint IN00358258 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00358365 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00359859 - Substantiated. Federal/State deficiencies related to the allegations are cited at F760.</p> <p>Complaint IN00351910 - Corrected.</p> <p>Survey dates: 8/11 and 8/12/21</p> <p>Facility number: 000366 Provider number: 155469 AIM number: 100288900</p> <p>Census Bed Type: SNF/NF: 84 Total: 84</p> <p>Census Payor Type: Medicare: 6 Medicaid: 70 Other: 8 Total: 84</p> <p>This deficiency reflects State Findings cited in</p>	F 0000		
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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 0760 SS=D Bldg. 00	<p>accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 8/17/21.</p> <p>483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. Based on record review and interview, the facility failed to ensure a resident was free from a significant medication error related to the availability and administration of Vancomycin (an antibiotic medication) for a major skin, blood, and urinary tract infection for 1 of 3 residents reviewed for antibiotic therapy. (Resident C)</p> <p>Finding includes:</p> <p>The closed record for Resident C was reviewed on 8/11/21 at 1:30 p.m. The resident was admitted on 7/6/21 from the hospital. Diagnoses included, but were not limited to, sepsis due to MRSA, UTI, cellulitis of buttock, aphasia, PEG tube, stroke, dementia with behavioral disturbance, fever, bed confinement, bacteremia, hypotension, anemia, and heart failure.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 7/13/21, indicated the resident was not alert and oriented, had short and long term problems and was severely impaired for decision making. The resident received IV (Intravenous) medications prior to and while in the facility. Two days of antibiotic therapy had been administered in the last 7 days.</p> <p>The Care Plan, dated 7/7/21, indicated the resident required IV medication (antibiotics) related to sepsis in the blood and wound infection. The</p>	F 0760	<p>F670 Residents are free of significant medication Error</p> <p>Facility Requests paper compliance for this citation</p> <p><i>This Plan of Correction is the Center's Credible allegation of Compliance</i></p> <p><i>Preparation and/or submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusion set forth on the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1. Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice:</p> <ul style="list-style-type: none"> · RC's antibiotic regimen was administered and completed. · RC was eventually discharged from the facility. <p>2. How the facility will identify</p>	08/13/2021

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	<p>approaches were to provide IV medications as ordered.</p> <p>Physician's Orders, dated 7/6/21, indicated Vancomycin HCl Solution Reconstituted 1 gram (gm) intravenously one time a day for UTI for 36 Days.</p> <p>Physician's Orders, dated 7/11/21, indicated Vancomycin HCl Solution Reconstituted 1 gm intravenously one time a day for sepsis and wound infection for 36 Days. The order was discontinued on 7/14/21.</p> <p>Physician's Order, dated 7/14/21, indicated Vancomycin HCl Solution 750 milligram (mg)/150 milliliter (ml) intravenously one time a day every other day for infection. The order was discontinued on 7/20/21.</p> <p>Physician's Order, dated 7/20/21, indicated Vancomycin HCl Solution 500 mg/100 ml, intravenously every 48 hours for infection start on 7/22/21.</p> <p>Nurses' Notes, dated 7/8/21 at 8:36 a.m., indicated Vancomycin HCl Solution Reconstituted 1 gm not available. Physician aware.</p> <p>Nurses' Notes, dated 7/10/2021 3:13 p.m., indicated Vancomycin HCl Solution Reconstituted 1 gm not available. Pharmacy called and physician aware.</p> <p>Nurses' Notes, dated 7/11/21 at 1:13 p.m., indicated Vancomycin HCl Solution Reconstituted 1 gm not available. Pharmacy called and will send out. Physician aware.</p> <p>Nurses' Notes, dated 7/11/21 at 1:15 p.m., indicated "Writer of this note received a called</p>		<p>other residents having the potential to be affected by the same deficient practice.</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · An Audit of all residents receiving IV antibiotics was completed to ensure availability and administration as ordered by attending Physician <p>3. The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur.</p> <ul style="list-style-type: none"> · An Audit of all residents receiving IV antibiotics was complete to ensure medications were available and administered as prescribed. · Emergency Drug Kit were checked to ensure that medications are available for emergency use until pharmacy delivers the medication i.e IV antibiotics. · Nurses were re-educated on the 'missing medication' procedure, the use of EDK and the process of timely administration of new medication orders including but not limited to IV antibiotics. · New physician orders will be reviewed on the clinical meeting daily to ensure availability, and timely 	

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	<p>from pharmacy tech [name] stating that the Vanco was not sent because the resident chart from the hospital was reviewed on 6/28 by [name] pharmacy and the resident was getting Vanco 1.5 gram. This writer explained to the tech that the resident came to this facility on 7/6/21 and on the after visit report the IV Vanco amount was 1 gram, the resident meds had been reviewed with the MD on 7/6/21 and 7/7/21 by this writer. The MD also did a in person visit and there were new orders to start drawing the following labs CBC, CMP Mon and Fri until Vancomycin done on 7/10/21. This writer asked the tech with all the given information when the IV medication will be sent, the tech stated that he has no approval to send the medication that he will pass the information given to his supervisor and will call the facility back with an update. MD [name] was called and made aware and stated that he is still in agreement with the 1 gram dose of IV Vanco times 36 days. Son was called and stated he will be in the facility in 10 minutes to speak with this writer. Will continue to monitor."</p> <p>Nurses' Notes, dated 7/11/21 at 1:40 p.m., "This writer just got off the phone with the customer service rep [name], who stated to this writer that the IV Vanco can be pulled out of the EDK [Emergency Drug Kit] machine at this time. This writer called and informed MD, noted new order to extended end date to meet duration requirements. Son [name] will be made aware once he comes to the facility. Will continue to monitor."</p> <p>The Medication Administration Record (MAR), dated 7/2021, indicated the Vancomycin 1 gm was not administered on 7/7, 7/8, 7/9, and 7/10/21.</p> <p>The MAR, dated 7/2021, indicated the Vancomycin 750 mg every other day was not</p>		<p>administration is being followed.</p> <p>The DON or Designee will complete the antibiotic stewardship audit a minimum of 3 times weekly for 4 weeks and weekly thereafter to ensure compliance. The DON is responsible for compliance.</p> <p>4. Quality Assurance Plans to monitor facility performance to make sure that corrections are achieved and are permanent.</p> <p>The results of the audit will be reviewed in the Quality Meeting monthly for 6 months or until 100% compliance is achieved. The QA committee will identify any trends or pattern and recommendations to revise the plan of correction as indicated</p> <p>5. Date of Compliance: 8/13/21</p>		

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	<p>administered on 7/17/21.</p> <p>The MAR, dated 7/2021, indicated the Vancomycin 500 mg every 48 hours was not administered on 7/22/21. The 7/24/21 dose was administered at 11:37 a.m. The 7/26/21 dose was administered at 8:15 a.m. which was not 48 hours later.</p> <p>Interview with the Director of Nursing on 8/12/21 at 10:00 a.m., indicated the IV antibiotics were not administered as ordered by the Physician.</p> <p>This Federal tag relates to Complaint IN00359859.</p> <p>3.1-25(b)(9)</p>				