

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155654	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/03/2021
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NAME OF PROVIDER OR SUPPLIER ENGLEWOOD HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2237 ENGLE RD FORT WAYNE, IN 46809
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00358555.</p> <p>Complaint IN00358555 - Substantiated. Federal/state deficiencies related to the allegations are cited at F760.</p> <p>Survey dates: August 3, 2021</p> <p>Facility number: 000498 Provider number: 155654 AIM number: 100266110</p> <p>Census Bed Type: SNF/NF: 52 Total: 52</p> <p>Census Payor Type: Medicare: 4 Medicaid: 33 Other: 15 Total: 52</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed August 9, 2021</p>	F 0000		
F 0760 SS=D Bldg. 00	<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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were transcribed accurately for 1 of 3 resident's reviewed for transcribed medications. (Resident</p>	F 0760	<p>Plan of Correction F760 What corrective actions will be accomplished for those</p>	09/02/2021

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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	<p>B)</p> <p>Findings include:</p> <p>At 3 p.m., on 8/3/2021, Resident B was observed in her room, lying in her bed, resting with her eyes closed.</p> <p>A review of Resident B's record on 8/3/2021 at 2:29 p.m., indicated the resident had a BIMS (Brief Interview of Mental Status) score of 15. The score was obtained from the MDS (Minimal Data Set) Admission Assessment, dated 7/26/2021. Diagnoses included, but were not limited to: lung cancer, pneumonia, kidney disease, and high blood pressure.</p> <p>During an interview on 8/3/ 2021 at 2:01 p.m., the complainant indicated Resident B had received a Xanax (a medication used for anxiety) 1 mg (milligram), on 7/12/ 2021, and indicated the resident did not take Xanax, she took Ativan (a medication used for anxiety).</p> <p>A review of the MAR (Medication Administration Record) indicated Resident B was administered a Alprazolam (generic for Xanax) 1 mg on 7/12/ 2021 at 2:53 p.m..</p> <p>A review of the Physician Order's indicated an order for Alprazolam 1 mg, take one tablet daily for anxiety was dated 7-10-21.</p> <p>A Progress Note, dated 7/12/2021 at 4:15 p.m. indicated Resident B had been drowsy and was slow to respond. Family was concerned. The nurse explained that the medication she had received earlier would relax her.</p> <p>A Progress Note, dated 7/12/2021 at 5 p.m.</p>		<p>residents found to have been affected by the deficient practice?</p> <p><i>Orders were clarified for Res B and medications discontinued that were not part of Res B's plan of care.</i></p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p><i>Residents that have been admitted in the last 30 days were immediately audited to identify any errors or discrepancies related to admission or readmission orders and corrections made as necessary.</i></p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p><i>Lutheran Hospital Administration was notified of their error with sending a separate resident's orders including with Res B's orders and cause of medication error. The Co-Administrator stated that the incident would be investigated and education for nurses regarding checking medications. Lutheran Hospital made aware of this facility's new report for admissions and readmissions. Admission and readmission</i></p>	

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	<p>indicated Resident B was unresponsive to verbal and physical stimuli. Family was at the bedside, the POA (Power of Attorney) was notified, and decided to send Resident B to the Emergency Room.</p> <p>During an interview on 8/3/2021, at 2:55 p.m., the DON (Director of Nursing) indicated Resident B had been admitted from the hospital on both Xanax, and Ativan for anxiety.</p> <p>A review of the 7 pages of Medication Information indicated 4 pages were Resident B's medications, completed at the hospital on 7/9/2021 at 14:41 (2:41 p.m.) and 3 pages were an unidentified patient, completed at the hospital on 7/9/2021 at 14:44 (2:44 p.m.).</p> <p>A review of the MAR, and the Medication Information forms indicated the admitting nurse put all 7 pages of medication orders on the MAR for Resident B.</p> <p>Resident B had received the following medications which were not hers:</p> <p>Alprazolam 1 mg one time daily, for anxiety, administered on 7/12/2021 at 2:53 p.m. Sodium Polystyrene Sulfonate suspension 15 mg/60 ml (milliliter), for high potassium, administered 60 ml, one time daily, on 7/10, and 7/12/2021. Cetirizine HCL 10 mg one time daily, for allergies, administered in the morning on 7/12/2021. Amlodipine Besylate 10 mg, one time daily, for high blood pressure, administered on 7/10, and 7/12/2021. Furosemide 20 mg one time daily, for edema, administered on 7/10, and 7/12/2021.</p>		<p><i>orders will be reported to charge nurse during report from the hospital prior to admit/readmit. Nurse taking report will list medications per verbal report. Upon receipt of admission/readmission orders, charge nurse will determine any discrepancies between verbal and written orders and request clarification. Admitting nurse will double check admitting orders with another nurse/designee on their shift or with oncoming shift if only nurse at the time of admission. Admission order audits will be completed during morning clinical meeting the next day with clinical Med Rec and DON or designee. All nursing staff will be in-serviced regarding deficient practice and plan to correct for compliance. Nurses will audit medications with another nurse or designee and sign accuracy or discrepancies and if discrepancies what was done to complete error. Nurse taking report will list all medications and turn into DON or designee after admission. Director of Nursing/designee will audit each admit/readmit during clinical meeting the day after admission daily, on-going indefinitely per facility Admission Order Audit Protocol, to ensure</i></p>	

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	<p>Praaugrel HCL 10 mg, preventative blood thinner used with aspirin one time daily, administered on 7/10, and 7/12/2021.</p> <p>Spironolactone 25 mg one time daily, for high blood pressure, administered on 7/10, and 7/12/2021.</p> <p>Carvedilol 25 mg two times daily, for high blood pressure, administered on 7/10, and 7/12/2021 morning doses only.</p> <p>Chantix monthly pak, 1 tablet two times daily, for smoking cessation, administered on 7/10, and 7/12/2021.</p> <p>Ranolazine 500mg, 1 tablet two times daily, times 30 days for chest pain, administered on 7/10 (1 dose), 7/12, and 7/19 (1 dose).</p> <p>Isosorbide Mononitrate 60 mg two times daily, for high blood pressure, administered on 7/10, 7/12, and 7/19/2021, she only received one dose each of those dates.</p> <p>Lactobacillus 1 capsule two times daily, for probiotic, administered on 7/10, 7/12, and 7/19/2021, she only received one dose each of those dates.</p> <p>Metformin HCL 500 mg two times daily, times 90 days, for diabetes, administered on 7/10, 7/12, and 7/19/2021, she only received one dose each of those dates.</p> <p>Fish Oil capsule 1000 mg two times daily, for a supplement, administered on 7/10, 7/12, and 7/19/2021, she only received one dose each of those dates.</p> <p>Glipizide 10 mg two times daily, for diabetes, administered on 7/10, 7/12, and 7/19/2021, she only received one dose each of those dates.</p> <p>During an interview on 8/3/2021 at 4 p.m., the DON indicated the nurses at the facility did request the nurses from the hospital go over resident medications during the telephone report, when they are getting an admission. She indicated</p>		<p><i>that orders are transcribed accurately. Medical records will bring original admit/readmit paperwork to morning meeting. In the event that medical records is not available, then Director of Nursing or designee will bring to meeting.</i></p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes for each deficiency will be completed?</p> <p><i>Results of these audits will be forwarded to the QA committee to review for compliance and/or deficient practices for means of adjustment to meet compliance and quality standards for Englewood Health and Rehabilitation. Systemic changes will be completed by 9/2/2021 and will continue in order to meet standards of care and compliance.</i></p> <p><i>s will be forwarded to the QA committee to review for compliance and/or deficient practices for means of adjustment to meet compliance and quality standards for Englewood Health and Rehabilitation. Systemic changes will be</i></p>	

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	<p>the auditing of new admission paperwork had not been getting completed routinely.</p> <p>A policy, Admission Order Audit Protocol, dated 10/2019, and provided by the DON on 8/3/2021 at 5:53 p.m., indicated the following: "...To ensure the resident is receiving care as prescribed by physician. To ensure that significant medication issues are addressed, physician is notified, and documentation is completed. Admission orders will be reviewed within 24 hours by the DCS (Director of Clinical Services)/ Designee and one other nurse. The DCS may choose to have 2 nurses complete the audits. The admission order audit must be completed within 24 hours of admission..."</p> <p>This federal tag relates to Complaint IN00358555.</p> <p>3.1-48 (c)(2)</p>		<p><i>completed by 9/2/2021 and will continue in order to meet standards of care and compliance.</i></p>		