

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155242	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/06/2022
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 N WALNUT ST MUNCIE, IN 47303
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00370136. This visit included a Covid-19 Focused Infection Control survey.</p> <p>Complaint IN00370136- Substantiated. Federal/state deficiencies related to the allegations are cited at F770.</p> <p>Survey dates: January 5 and 6, 2022</p> <p>Facility number: 000146 Provider number: 155242 AIM number: 100291200</p> <p>Census Bed Type: SNF/NF: 120 Total: 120</p> <p>Census Payor Type: Medicare: 23 Medicaid: 71 Other: 26 Total: 120</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 12, 2022.</p>	F 0000	<p>This Plan of Correction is the facility's credible allegation of compliance. The facility respectfully requests a desk review and has provided evidence of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in 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.</p>	
F 0770 SS=D Bldg. 00	<p>483.50(a)(1)(i) Laboratory Services §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory</p>			

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>services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter.</p> <p>Based on interview and record review, the facility failed to ensure the timeliness of laboratory services were completed as ordered by a physician for 1 of 3 residents reviewed for laboratory services (Resident B).</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 1/5/2022 at 10:41 a.m. Diagnoses included, but were not limited to, rhabdomyolysis, cutaneous abscess, depression, hepatic cirrhosis and type 2 diabetes mellitus with diabetic neuropathy.</p> <p>Review of a progress note, dated 12/28/2021 at 12:25 p.m., indicated the resident displayed increased lethargy, not wanting to get out of bed or participate in therapy. The physician was notified an an order for STAT labs was received.</p> <p>Review of a lab requisition dated 12/28/2021, indicated the stat labs were ordered per physician order.</p> <p>Review of a progress note, dated 12/29/2021 at 12:36 a.m., indicated at 10:00 p.m. on 12/28/2021 the laboratory had not drawn blood specimen for the stat lab. RN 1 called the laboratory with regard to the stat lab and was told someone would be on their way. Twelve hours and eleven minutes after the order was received.</p> <p>Review of a progress note, dated 12/29/2021 at 6:24 a.m., indicated the facility continued to wait for the laboratory to arrive and draw the blood specimen for the physician ordered stat lab.</p>	F 0770	<p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice: <i>Residents B was sent to the hospital for further evaluation and treatment.</i></p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: <i>Any resident that has STAT Lab orders could be affected by the deficient practice. All residents STAT Lab orders have been reviewed for timeliness for the last 7 days. Any STAT Labs that have not been obtained in a timely manner have been reported to the physician and new orders have been obtained if appropriate.</i></p> <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: <i>All nursing staff has been educated on the STAT Lab process including timeliness and following up with physician if labs have not been obtained within 4 hours per company policy. IDT will monitor resident STAT Lab orders and progress note documentation to ensure STAT Labs are obtained and physician notification has been made.</i></p>	01/24/2022

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	<p>Eighteen hours and fifteen minutes after the lab order was received.</p> <p>Review of a progress note, dated 12/29/2021 at 6:28 a.m., indicated RN 1 had called the laboratory again at 6:20 a.m. to ask about the stat lab and was told someone would be out to draw the specimen for the lab.</p> <p>Review of a progress note, dated 12/29/2021 at 1:22 p.m., indicated the resident's family requested the resident be sent to the emergency room. No lab specimen had been drawn 24 hours and 17 minutes after the order was received.</p> <p>During an interview on 1/28/2021 at 1:27 p.m., the Director of Nursing (DON) indicated the resident had been lethargic and the facility had notified the physician and received an order for stat labs. The DON indicated the laboratory told her they had been short staffed and could not get anyone to the facility to draw the specimen for the stat lab. She indicated the facility should not have waited to intervene. She indicated stat labs are usually drawn within 2-4 hours of receiving the order.</p> <p>During an interview on 1/6/2021 at 7:47 a.m., RN 1 indicated she had worked the night shift on 12/28/2021. She indicated she knew there was an order for a stat lab for the resident. She indicated she called the laboratory 3 times to ask about the specimen draw. "The first time they told me they knew about it and someone would be here." The second time she indicated she was put on hold and no one ever answered the phone. The third time they told her they would "get on it". RN 1 indicated she thought the lab was ordered around 12:30 p.m. on 12/28/2021 and she made the first call to the lab at 8:00 p.m.</p>		<p>4. How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place: <i>DON or designee will audit all STAT Lab documentation for timeliness daily x 4 weeks, weekly x4 weeks, then monthly for 4 months. Results will be submitted to QAPI for review for a minimum of 3 months to ensure substantial compliance for at least 2 consecutive months. QAPI committee reserves the right to modify or extend monitoring times according to outcomes.</i></p>	

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	<p>Seven hours and 30 minutes after the order was received. RN 1 indicated she thought the average response time for lab to draw a stat lab was 4-5 hours. RN 1 indicated she never reported this to anyone and continued to call the lab but should have notified the physician and the DON.</p> <p>During an interview on 1/6/2022 at 8:44 a.m., the DON indicated Unit Manger 3 was not available for interview due to illness.</p> <p>During an interview on 1/6/2022 at 8:49 a.m., LPN 2 indicated she had worked the day shift on 12/28/2021 and noticed the resident was not herself. She called the physician and received an order for stat labs to be drawn. The Unit Manager (RN 3) had put the order into the system. LPN 2 indicated stat labs usually are drawn within 2-4 hours of receiving the order and she should have called lab and the physician when the lab had not arrived to do the blood draw.</p> <p>Review of a current Performance Improvement form, dated 6/1/2015, indicated the following: "...2. All laboratory procedures ordered STAT by Physician was processed for collection and collected within 4 hours. ..."</p> <p>Review of Current Nursing Facility Laboratory Agreement, dated October 20, 2015, indicated the following: "...1. Responsibility of (name of laboratory service) ... c. (Name of laboratory service will provide STAT (life threatening situation) service for clinical lab services 24 hours per day, 365 days a year. Laboratory STAT testing will be reported within 5 hours. ...".</p> <p>This Federal Tag relates to complaint</p>			

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

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	IN00370136.  3.1-49(a)				