

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

PRINTED: 10/07/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155804		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/17/2020	
NAME OF PROVIDER OR SUPPLIER  SPRENGER HEALTH CARE OF MISHAWAKA				STREET ADDRESS, CITY, STATE, ZIP COD 60257 BODNAR BLVD MISHAWAKA, IN 46544			
(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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00325505, IN00322670 and IN00322104.</p> <p>Complaint IN00325505 - Substantiated. No deficiency related to the allegation is cited.</p> <p>Complaint IN00322670 - Substantiated. Federal deficiencies related to the allegations are cited at F697 and F755.</p> <p>Complaint IN00322104 - Substantiated. Federal deficiencies related to the allegations are cited at F755.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: September 15, 16 and 17, 2020</p> <p>Facility number: 013017 Provider number: 155804 AIM number: 201237680</p> <p>Census Bed Type: SNF/NF: 17 SNF: 32 Residential: 28 Total: 77</p> <p>Census Payor Type: Medicare: 22 Medicaid: 17 Other: 10 Total: 49</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</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 disclosable 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 0697 SS=E Bldg. 00	<p>Quality Review was completed on September 22, 2020.</p> <p>483.25(k) Pain Management §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Based on record review and interview, the facility failed to assess pain levels prior to administering pain medications for 4 of 6 residents reviewed for pain. (Residents B, C, E and G)</p> <p>Findings include:</p> <p>1. A closed clinical record review was completed on 9/15/2020 at 11:05 A.M., and indicated Resident B's diagnoses included, but were not limited to: fractured right femur, Fournier gangrene, chronic kidney disease, necrotizing fascitis, diabetes and myeloma.</p> <p>A care plan, undated, indicated the resident had the potential for comfort alteration related to rib pain, right femur fracture and recent surgery. Interventions included, but were not limited to: administer pain medications, monitor and record effectiveness, monitor for pain, note type, duration and location, intensity and/or level.</p> <p>A 5 day admission MDS (Minimum Data Set) assessment, dated 3/2/2020, indicated the resident had a BIMS (Brief Interview for Mental Status) score of 15 cognition intact. His pain level in the past 5 days was at a moderate level.</p>			F 0697	<p>This Plan of Correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Sprenger Health Care of Mishawaka agrees with the allegations and citations listed on the Statement of Deficiencies. Sprenger Health Care of Mishawaka maintains that the alleged deficiencies do not jeopardize the health and safety of our residents, nor are they of such character so as to limit our capability to render adequate care. Additionally, this Plan of Correction is not meant to establish right to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding. This Plan of Correction shall operate as Sprenger Health Care of Mishawaka written credible allegation of compliance. In accordance with F697, Section 483.25(k) Pain Management,</p>		09/21/2020

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	<p>Resident B's physician orders, dated February 2020, indicated the resident was receiving Pregabalin (nerve pain medication) 75 mg (milligrams) twice per day and Percocet (narcotic pain medication) 7.5/325 mg every four hours as needed for moderate pain.</p> <p>A Pain Assessment Resident Interview, dated 2/28/2020 at 11:07 P.M., indicated Resident B had had pain or hurting in the last five days; frequent duration; pain had made it hard for him to sleep at night: verbal descriptor scale was moderate.</p> <p>A MAR, dated 3/1/2020 through 3/31/2020, lacked the documentation of assessing the residents' pain level prior to the administration of the Pregabalin pain pill.</p> <p>A MAR, dated 4/1/2020 through 4/6/2020, lacked the documentation of assessing the residents' pain level prior to receiving the Pregabalin pain pill.</p> <p>2. A clinical record review was completed on 9/15/2020 at 2:45 P.M., and indicated Resident C's diagnoses included, but were not limited to: hypertension, gangrene and necrosis of the lung, congestive heart failure, hemiplegia, dysphagia and seizures.</p> <p>A current, undated, care plan indicated Resident C had the potential for comfort alteration related to arthritis, wound and contracture of right upper extremity. Interventions included, but were not limited to: administer pain medications, monitor for pain, note type, duration and locations, intensity and/or pain level.</p> <p>A clarification order, dated 9/7/2020, indicated to</p>				<p>related to the allegation that the facility failed to assess pain levels prior to administering pain medications per policy. This affected Residents B, C, E &amp; G and there were no negative outcomes as a result of this allegation. A Resident identifier was not provided on exit, therefore the facility cannot determine if any or all residents still reside at the facility.</p> <p>All current residents with a PRN Analgesics order were audited by the DON/Designee on 9/16/2020, to ensure supplemental documentation is attached for assessment of pain level, location and intervention.</p> <p>All Licensed Nurses and Qualified Medication Aides were educated by the DON/Designee on 9/16/2020, that all PRN Analgesics will only be administered after requested by the resident and the resident is assessed (Non-Verbal Residents or Residents unable to verbalize pain will be assessed using the facility grimace scale) per facility policy, with the date of alleged compliance of 9/21/2020.</p> <p>The DON or designee will complete audits on 3-4 residents twice a week with a PRN Analgesics Order for 2 weeks. After the first 2 weeks, the DON or</p>		

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	<p>continue Tramadol (narcotic pain medication) 50 mg (milligrams) every six hours and to continue Hydrocodone (a narcotic pain medication) 325/5 mg every eight hours as needed.</p> <p>Resident C's MAR (Medication Administration Record), dated September 7 to the 17th, 2020, indicated the resident had received Tramadol 31 times and Hydrocodone 5 times with no documentation of the pain level prior to administering the medications.</p> <p>3. A clinical record review was completed on, 9/15/2020 at 3:15 P.M., and indicated Resident E's diagnoses included, but were not limited to: congestive heart failure, right shoulder capsulitis, diabetic neuropathy, diabetes, and chronic pain syndrome.</p> <p>An admission MDS (Minimum Data Set) assessment, dated 7/20/2020, indicated the resident had a BIMS (Brief Interview for Mental Status) score of 15 cognition intact and received an opioid medication in the past 7 days.</p> <p>A care plan, dated 7/13/2020, indicated the resident had the potential for pain related to diagnosis. Interventions included, but were not limited to: administer pain medications, monitor for pain, note type, duration and locations and intensity and/or level.</p> <p>Current physician orders, dated 7/13/2020, indicated Resident E was receiving Percocet (narcotic medication) 5/325 mg (milligrams) three times a day for pain.</p> <p>The MAR (Medication Administration Record), dated July 2020, indicated Resident E had received the narcotic medication nine times. The MAR</p>				<p>designee will complete audits on 3-4 residents per week for 4 weeks, and then randomly thereafter for a total of 4 months, to ensure compliance is maintained. The results of the audits will be reviewed by the Quality Assurance Committee to evaluate compliance.</p>		

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	<p>lacked the documentation of assessing the residents pain level prior to the administration.</p> <p>The MAR, dated August 2020, indicated the resident had received the narcotic medication ten times. The MAR lacked the documentation of assess the residents pain level prior to receiving the medication.</p> <p>4. During an interview, on 9/17/2020 at 10:20 A.M., Resident G indicated she receives the medication "Tramadol at night, but it really doesn't help."</p> <p>A clinical record review was completed on 9/17/2020 at 10:59 A.M., and indicated Resident G's diagnoses included, but were not limited to: muscle wasting, insomnia, heart failure, diabetes, fracture of right femur and fracture of right arm humerus.</p> <p>A quarterly MDS (Minimum Data Set) assessment, dated 8/12/2020, indicated Resident G had a BIMS (Brief Interview for Mental Status) score of 11, moderate cognitive impairment.</p> <p>An current care plan, undated, indicated the resident had the potential for altered comfort level related to abdominal discomfort secondary to tramadol use side effect. Interventions included, but were not limited to: administer medications as ordered, observe for side effects, effectiveness and note character of pain.</p> <p>Current physician orders, dated September 2020, indicated Resident G had received Tramadol (narcotic pain pill) 50 mg (milligrams) two tablets at bedtime.</p> <p>The MAR (Medication Administration Record) dated September 2020, indicated the resident had</p>						

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F 0755 SS=E Bldg. 00	<p>received the Tramadol medication 16 nights with no documentation of the pain level being assessed prior to the medication administration.</p> <p>During an interview, on 9/16/2020 at 1:33 P.M., Licensed Practical Nurse 4 indicated if they give a pain pill, they should assess the level of the pain first and check to see what as needed medications the resident has ordered. LPN 4 indicated they should reassess in an hour to see if the pain medication was effective or not and document it.</p> <p>During an interview, on 9/17/2020 at 12:57 P.M., the Director of Nursing indicated the pain assessments should have been done and documented before giving the pain medications.</p> <p>On 9/15/2020 at 3:33 P.M., the assistant Administrator provided the policy titled, "Pain Assessment and Management Protocol", revised 3/12/2014, and indicated the policy was the one currently used by the facility. The policy indicated"... 4. Residents pain will be assessed prior to administration of pain medication. Assessment and non-pharmalogical interventions will be documented as needed...."</p> <p>This Federal tag relates to Complaint IN00322670.</p> <p>3.1-37(a)</p> <p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer</p>						

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	<p>drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on record review and interview, the facility failed to provide routine and as needed pain medications per physician's order for 3 of 6 residents reviewed for medication administration. (Residents B, D, E and F)</p> <p>Findings include:</p> <p>1. A closed clinical record review was completed on 9/15/2020 at 11:05 A.M., and indicated Resident B was admitted on 2/28/2020. His diagnoses included, but were not limited to: fractured right femur, Fournier gangrene, chronic kidney disease, necrotizing fascitis, diabetes and</p>			F 0755	<p>This Plan of Correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Sprenger Health Care of Mishawaka agrees with the allegations and citations listed on the Statement of Deficiencies. Sprenger Health Care of Mishawaka maintains that the alleged deficiencies do not jeopardize the health and safety of our residents, nor are they of such</p>		09/21/2020

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	<p>myeloma.</p> <p>A 5 day admission MDS (Minimum Data Set) assessment, dated 3/2/2020, indicated the resident had a BIMS (Brief Interview for Mental Status) score of 15 cognition intact.</p> <p>Resident B's physician orders, dated February 2020, indicated the resident had orders for Pregabalin (nerve pain medication) 75 mg (milligrams) twice per day and Flax Seed oil capsule 1000 mg every morning.</p> <p>A MAR (Medication Administration Record), dated February 2020, indicated on 2/29/2020 at 9:00 A.M., Resident B did not receive the medication Pregabalin.</p> <p>A Medication Administration Record, dated March 2020, indicated the code "5 - (hold/see nurses notes)" was documented on 3/1, 3/2, 3/3 and 3/4/2020 for the Pregabalin and on 3/4 and 3/5 /2020 for the Flax Seed Oil medication, indicating Resident B did not receive the Pregabalin or the Flax Seed oil capsules on those days.</p> <p>A nurses' progress note, dated 3/2/2020 at 9:07 P.M., indicated Pregabalin 75 mg, medication not available, ordered.</p> <p>A nurses' note, dated 3/4/2020 at 9:46 P.M., indicated the Pregabalin was not given and the pharmacy was notified.</p> <p>The clinical record lacked documentation to indicate why the medications were not administered per physician orders.</p> <p>2. A closed clinical record review was completed on 9/15/2020 at 1:10 P.M., and indicated Resident</p>				<p>character so as to limit our capability to render adequate care. Additionally, this Plan of Correction is not meant to establish right to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding. This Plan of Correction shall operate as Sprenger Health Care of Mishawaka written credible allegation of compliance. In accordance with F755, Section 483.45(a)(b)(1)-(3) Pharmacy Services/Procedures/Pharmacist/Records, related to the allegation that the facility failed to provide routine and as needed pain medications per physician order. This affected Residents B, D, E &amp; F and there were no negative outcomes as a result of this allegation. A Resident identifier was not provided on exit, therefore the facility cannot determine if any or all residents still reside at the facility.</p> <p>All current Resident orders for routine and as needed pain medications were audited to ensure all medications were available per physician orders by the DON/Designee on 9/16/2020.</p> <p>All Licensed Nurses and Qualified Medication Aides were educated on the policy and procedure of obtaining medications and appropriate documentation by the</p>		



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	<p>D was admitted on 3/6/2020 and discharged on 3/10/2020. Resident D's diagnoses, included but were not limited to: diabetes, chronic kidney disease, renal dialysis, sepsis and peripheral vascular disease and septic pulmonary embolism.</p> <p>An admission 5 day MDS (Minimum Data Set) assessment, dated 3/10/2020, indicated the resident had a BIMS (Brief Interview for Mental Status) score of 15 intact cognition.</p> <p>Physician orders for Resident D indicated she was to receive Lyrica (a nerve pain medication) 50 mg (milligrams) twice per day for pain. Eliquis 2.5 mg twice per day and Lantus insulin 10 units subcutaneous at bedtime.</p> <p>The MAR (Medication Administration Record), dated 3/2020, indicated the code "5 - hold see nurses notes" was documented on 3/6/2020 for the Eliquis medication; 3/6 through 3/10/2020 for the Lyrica medication, and the insulin from 3/6/2020 through 3/9/2020.</p> <p>A nurse's progress note, dated 3/6/2020 at 8:16 P.M., indicated the Eliquis tablet was on order, nurse notified.</p> <p>A nurses's progress note, dated 3/6/2020 at 10:37 P.M., indicated the Lyrica capsule was on order, nurse notified.</p> <p>A nurses's progress note, dated 3/7/2020 at 8:28 P.M., indicated the Lyrica was on order, pharmacy notified.</p> <p>A nurses's progress note, dated 3/8/2020 at 9:08 A.M., indicated the Lyrica medication not available. Pharmacy to deliver.</p>				<p>DON/Designee on 9/16/2020, with the date of alleged compliance of 9/21/2020.</p> <p>The DON or designee will complete audits on 3-4 residents twice a week for 2 weeks. After the first 2 weeks, the facility will conduct audits on 3-4 residents per week for 4 weeks, and then randomly thereafter for a total of 4 months, to ensure compliance is maintained. The results of the audits will be reviewed by the Quality Assurance Committee to evaluate compliance.</p>		

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	<p>A nurses's progress note, dated 3/8/2020 at 11:50 P.M., indicated the Lyrica medication was not administered, not available.</p> <p>A nurses's progress note, dated 3/9/2020 at 11:00 A.M., indicated the Lyrica medication was not available, pharmacy to deliver.</p> <p>A nurses's progress note, dated 3/10/2020 at 9:19 A.M., indicated the Lyrica medication was not available.</p> <p>3. A clinical record review was completed on, 9/15/2020 at 3:15 P.M., and indicated Resident E's diagnoses included, but were not limited to: congestive heart failure, right shoulder capsulitis, diabetic neuropathy, diabetes, and chronic pain syndrome.</p> <p>An admission MDS (Minimum Data Set) assessment, dated 7/20/2020, indicated the resident had a BIMS (Brief Interview for Mental Status) score of 15 cognition intact and received an opioid medication in the past 7 days.</p> <p>Current physician orders, dated 7/13/2020, indicated Resident E was receiving Humalog insulin per sliding scale three times a day. Simethacone 80 mg (milligrams) three times a day and Combivent aerosol inhaler 20-100 mcg four times a day.</p> <p>The MAR (Medication Administration Record), dated July 2020, indicated Resident E did not receive the Humalog insulin. The code (7) sleeping was documented for 7/18/2020 after lunch.</p> <p>The MAR, dated August 2020, indicated the Simethacone tablet, the Combivent inhaler and</p>						

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	<p>Humalog insulin were not administered. The code (7)-sleeping was documented for the 3 medications.</p> <p>During an interview, on 9/16/2020 at 10:40 A.M. the Director of Nursing indicated the reason of sleeping should not be the reason medications should not be given and indicated the resident should have been woken up.</p> <p>4. A clinical record review was completed on 9/16/2020 at 9:20 A.M., and indicated Resident F was admitted on 8/27/2020. His diagnoses included, but were not limited to: fractured right patella, arthritis, sepsis and seizures.</p> <p>Physician orders, dated August 2020, indicated the resident was to receive Juluca (antiviral) 50-25 mg (milligrams) every day, Remeron (antidepressant) 30 mg at bed time and Levetiracetam (anti convulsant) 750 mg every morning and bedtime.</p> <p>An August Medication Administration Record, dated August 2020, indicated the code "5- hold /see nurses notes" on 8/27 and 8/28/2020 was documented for the Juluca, Remeron and the Levetiracetam medications, indicating the medications were not administered.</p> <p>A nurse's note, dated 8/27/2020 at 11:39 P.M., indicated the Remeron medication was not given, awaiting pharmacy.</p> <p>The nurses' notes dated 8/27 and 8/28/2020 lacked the documentation to show why the medications Juluca and Levetiracetam were not administered per physician orders.</p> <p>A EDK (Emergency Drug Kit) list of drugs was</p>						

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	<p>provided on 9/15/2020 at 3:33 P.M. The following medications were available in the drug kit: Basagla insulin, Eliquis tablets, Enoxaparin injections, Levetiracetam tablets, Lyrica tablets and Tramadol tablets.</p> <p>During an interview on 9/16/2020 at 10:40 A.M., the Director of Nursing indicated the process for getting medications for new admissions is the nurse inputs the orders in the computer, which goes to the pharmacy. The pharmacy processes the orders and they should be delivered in the totes that night or early the next morning. She indicated if the medications are in the EDK/Pixis, the nurses should pull the medications that would need to be given prior to the pharmacy delivery. The Director of Nursing indicated the physician should be notified when a medication is not available.</p> <p>During an interview, on 9/16/2020 at 1:33 P.M., Licensed Practical Nurse 4 indicated for a new resident they input the orders in the computer and it goes directly to the pharmacy. If the medication is due before the tote is delivered, then we should look into the cubix and pull the medications from there. LPN 4 indicated if the medication was not in the cubix, then we call the pharmacy for a STAT order and they can call another pharmacy close to here and we could pick it up sooner.</p> <p>On 9/15/2020 at 3:33 P.M., the Assistant Administrator provided the policy titled, "Medication Administration", revised on 7/2013, and indicated the policy was the one currently used by the facility. The policy indicated "...5. Medication Administration Records (MAR) are utilized during a medication pass. 7. Medications are administered to the right resident, the right dose, right time, right drug, right route and right</p>						

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	<p>documentation...."</p> <p>On 9/15/2020 at 3:33 P.M., the Assistant Administrator provide the policy titled, "Medication Availability", undated, and indicated the policy was the one currently used by the facility. The policy indicated "...It is the policy of SHCS that medications ordered are available for administration as ordered by the physician. 1. For new orders, medications will be initialed upon delivery from the pharmacy if unavailable on the contingency box or Pyxis. 2. New Admissions/New Orders: a. Medications that are available in the contingency box or Pyxis will be given at the ordered time until the full supply is received from the pharmacy. 3. Current Medication Orders: 3. a. Nurse will check the contingency box or Pyxis for medication availability, utilize medication if available. Call to be placed to pharmacy to ensure that refill will be delivered on next scheduled delivery. b. If medication is not available the nurse should place a call to the pharmacy to get medication delivered STAT. c. If the resident will miss a dose due to delivery time and time of next administration a call should be placed to the physician to notify of missed dose. 4. Scheduled II medications that require a signed script prior to dispensing or requiring authorization to pull medications from contingency box or Pyxis. a. If signed script received from physician upon receipt of new order, signed script will be faxed over to pharmacy. i. Nurse will call pharmacy or fax authorization to pull medication from the contingency box or Pyxis. c. If pharmacy is unable to reach to attending physician the nurse will place a call to the medical director to obtain a script to be sent to the pharmacy or the medical director can call to give verbal authorization to the pharmacy....."</p>						

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F 0842 SS=D Bldg. 00	<p>This Federal tag relates to Complaint IN00322670 and IN00322104.</p> <p>3.1-25(a)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p>						

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	<p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on record review and interview, the facility failed to ensure resident medical records were accurate in the documentation of narcotic administration for 1 of 5 residents whose medical</p>			F 0842	This Plan of Correction is prepared and executed because it is required by the provisions of State and Federal Law and not because		09/21/2020

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	<p>records were reviewed. (Resident C)</p> <p>Finding includes:</p> <p>A clinical record review was completed on 9/15/2020 at 2:45 P.M., and indicated Resident C's diagnoses included, but were not limited to: hypertension, gangrene and necrosis of the lung, congestive heart failure, hemiplegia, dysphagia and seizures.</p> <p>A current, undated care plan, indicated Resident C had the potential for comfort alteration related to arthritis, wound and contracture of right upper extremity. Interventions included, but were not limited to: administer pain medications, monitor for pain, note type, duration and locations, intensity and/or pain level</p> <p>Current physician orders, dated 9/7/2020, indicated Resident D was receiving Hydrocodone (narcotic) 50 mg (milligrams) every 8 hours PRN (as needed) for pain.</p> <p>The MAR (medication administration record), dated September 2020, indicated Resident D had only received the Hydrocodone medication six times on the following dates: 9/4, 9/7, 9/8, 9/9, 9/11 and on 9/14/2020.</p> <p>The narcotic count sheet, dated 8/6/2020 to 9/7/2020, indicated Resident D had received the Hydrocodone medication of the following dates: 9/4 and 9/7/2020.</p> <p>A narcotic count sheet, dated 9/8 to 9/17/2020, indicated the Hydrocodone was administered on: 9/8 2 times, 9/9, 9/10 2 times, 9/11, 9/13, 9/14 2 times, 9/15 and 9/17/2020</p>				<p>Sprenger Health Care of Mishawaka agrees with the allegations and citations listed on the Statement of Deficiencies. Sprenger Health Care of Mishawaka maintains that the alleged deficiencies do not jeopardize the health and safety of our residents, nor are they of such character so as to limit our capability to render adequate care. Additionally, this Plan of Correction is not meant to establish right to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding. This Plan of Correction shall operate as Sprenger Health Care of Mishawaka written credible allegation of compliance. In accordance with F842, Section 483.20(f)(5), 483.70(i)(1)-(5) Resident Records – Identifiable Information, related to the allegation that the facility failed to ensure resident medical records were accurate in the documentation of narcotic administration. This affected Resident C and there were no negative outcomes as a result of this allegation. A Resident identifier was not provided on exit, therefore the facility cannot determine if the resident still reside at the facility. All current Residents count sheets with a PRN Hydrocodone order were reconciled with no</p>		



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	<p>The MAR, dated 9/1/2020 through 9/17/2020, lacked the documentation to show the administration of the Hydrocodone medication on: 9/8, 9/10, 9/13, 9/14, 9/15 and 9/7/2020.</p> <p>During an interview, on 9/17/2020 at 1:57 P.M, the Assistant Administrator indicated "we know we have a problem with the electronic documentation, but the narcotic count sheets are correct and we go by them."</p> <p>On 9/15/2020 at 3:33 P.M., the Assistant Administrator provided the policy titled, "Medication Administration", revised on 7/2013, and indicated the policy was the one currently used by the facility. The policy indicated"...5. Medication Administration Records (MAR) are utilized during a medication pass. 7. Medications are administered to the right resident, the right dose, right time, right drug, right route and right documentation...."</p> <p>3.1-50(a)</p>				<p>discrepancies by DON/Designee on 9/16/2020.</p> <p>All Licensed Nurses and Qualified Medication Aides were educated by the DON/Designee on 9/16/2020, on medication administration policy including the 6 Medication Rights ensuring all medication administration is documented in the eMAR, with the date of alleged compliance of 9/21/2020.</p> <p>The DON or designee will complete audits on 3-4 residents twice a week for 2 weeks. After the first 2 weeks, the facility will conduct audits on 3-4 residents per week for 4 weeks, and then randomly thereafter for a total of 4 months, to ensure compliance is maintained. The results of the audits will be reviewed by the Quality Assurance Committee to evaluate compliance.</p>		