

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

PRINTED: 07/28/2023

FORM APPROVED

OMB NO. 0938-039

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|--|--|---|---------------------|---|--|--|--|
| 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 06/29/2023 | |
| NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF EVANSVILLE | | | | STREET ADDRESS, CITY, STATE, ZIP COD 475 S GOVERNOR STREET EVANSVILLE, IN 47713 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCY (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 the Investigation of Complaint IN00410698 and Complaint IN00410685.</p> <p>Complaint IN00410698- State deficiencies related to the allegations are cited at R00242.</p> <p>Complaint IN00410685- State deficiencies related to the allegations are cited at R00242.</p> <p>Survey dates: June 27, 28, 29, 2023.</p> <p>Facility number: 014238</p> <p>Residential Census: 102</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on July 5, 2023.</p> | | R 0000 | <p><i>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction for this survey. Please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance by a desk review. Should additional information be necessary to confirm said compliance, please feel free to contact Dee Jolly, Executive Director, Silver Birch of Evansville.</i></p> | | | |
| R 0242 Bldg. 00 | <p>410 IAC 16.2-5-4(e)(2) Health Services - Offense (2) The resident shall be observed for effects of medications. Documentation of any undesirable effects shall be contained in the clinical record. The physician shall be notified immediately if undesirable effects occur, and such notification shall be documented in the clinical record.</p> | | R 0242 | 1.Resident F's condition has | | 07/25/2023 | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dee Jolly

Administrator

07/20/2023

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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| | <p>Based on interview and record review, the facility failed to notify the physician of an adverse reaction to a medication in a timely manner for 1 of 1 resident with allergic reaction in the sample of 5. A resident had an allergic reaction to a medication that resulted in the need for immediate treatment. (Resident F)</p> <p>Finding includes:</p> <p>On 6/29/23 at 10:04 a.m. Resident F indicated he had an infection in his right lower leg stump, clindamycin antibiotic was ordered, first dose taken on 6/1/23, he took it for 5 days. On 6/4/23 he indicated he had a bad reaction, he stopped taking it himself because he about died. Resident F indicated he told LPN 1 that he had tightness of skin, skin felt like on fire, redness, and peeling of skin. Resident F indicated LPN told him it was just his antibiotic and walked out of his room. Resident F indicated the antibiotic gave him Stevens-Johnson syndrome (disorder of the skin and mucous membranes).</p> <p>On 6/29/23 at 10:36 a.m., LPN 1 indicated he worked the weekend Resident F had the reaction, Friday 6/2/23, Saturday 6/3/23, and Sunday 6/4/23. LPN 1 indicated the QMA (Qualified Medical Aide) gave Resident F the antibiotic over the weekend, Resident F did not tell him he was having a reaction, just that he was not feeling good. LPN indicated he asked Resident F if he wanted to go to the hospital and he said no, he never noticed any redness to Resident F's skin, he was laying in bed with the covers up. LPN indicated he had noticed Resident F had not been out of his room and asked if he was ok, Resident F said he was not feeling well.</p> | | | | <p>been resolved.</p> <p>2.All residents are at risk for experiencing side effects of medications.</p> <p>3.Measures to prevent recurrence:</p> <p>1.Education by DONW, or designee, of all clinical team members regarding the responsibility of staff to promptly notify a licensed nurse if observation of medication side effects is observed.</p> <p>2.Education by DONW, or designee, with licensed nurse(s) to include physician notification immediately if undesirable effects occur and the responsibility of the licensed nurse to document findings and follow up in the clinical record.</p> <p>3.The 24-Hour Report will be utilized by the DONW, or designee, to identify if any residents have been observed to experience side effects with medications; if undesirable effects occur, it is the responsibility of the licensed nurse to immediately notify the physician and ensure documentation of findings and provider follow up is noted within the clinical record. The 24-Hour Report will be monitored daily for 2 weeks and weekly for 4 weeks to assure compliance.</p> <p>4.A quality assurance monitoring tool will be implemented to ensure compliance; the Director of</p> | | |

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| | <p>On 6/29/23 at 10:30 a.m., the DON was queried about the reaction Resident F had to the antibiotic. The DON indicated she came to work on 6/5/23, Resident F told her about his symptoms, the physician was called, the medication was immediately stopped. Benadryl (antihistamine) and prednisone (corticosteroid) medications were started. The DON indicated resident F developed wounds to his left leg that are currently being treated.</p> <p>On 6/29/23 at 11:19 a.m. Resident F's clinical record was reviewed. He had diagnoses that included, but were not limited to, acquired absence of right lower leg below knee, rash and other nonspecified skin eruption.</p> <p>June 2023 physician orders were reviewed and included but were not limited to: clindamycin 300 mg CAP-I give 1 capsule orally three times a day for cellulitis related to rash and other nonspecific skin eruption, until 06/07/2023.</p> <p>clindamycin 150 mg CASSP-I give 1 capsule orally three times a day related to rash and other nonspecified skin eruption until 06/07/2023.</p> <p>Progress notes were reviewed and included but were not limited to:</p> <p>6/1/23 at 11:28 a.m." Resident seen by [name of nurse practitioner] NP via phone with new order of clindamycin (sic) HCl 150 mg (milligram) 1 PO (by mouth) TID (three times a day) for 7 days for cellulitis. Pharmacy has been sent the script and is to arrive today. Also resident is to go and be fitted for a compression sock to either first podiatry or at [name of home health]. Resident is aware. "</p> | | | | Nursing and Wellness (DON-W), or designee, will monitor daily for 2 weeks and then weekly until compliance is maintained consecutively for 8 weeks or until the Quality Assurance Committee finds compliance has been met. Systematic changes will be in effect by 7/25/23. The facility respectfully requests a paper compliance review. | | |

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| | <p>6/1/23 at 1:13 p.m., " This order is outside of the recommended dose or frequency. Clindamycin 150 mg CAP-I Give 1 capsule orally three times a day related to RASH AND OTHER NONSPECIFIC SKIN ERUPTION (R21) until 06/07/2023 23:59 (11: 59 p.m.)</p> <p>-The daily dose of 3 capsules is below theusual(sic) dose of 4 to 16 capsules."</p> <p>6/1/23 1: 55 p.m., " Clindamycin 300 mg CAP-I Give 1 capsule orally three times a day for cellulitis related to RASH AND OTHER NONSPECIFIC SKIN ERUPTION (R21) until 06/07/ 2023 23: 59 (11: 59 p.m.) waiting on delivery "</p> <p>6/2/23 12:21 p.m., Late Entry: " Resident medication (Clindamycin) (sic) arrived today and resident given initial dose. Resident only has small area of redness to right stump, no warmth noted and no open areas."</p> <p>6/5/23 2:45 p.m., Late Entry: " This nurse was notified of resident lethargic, malaise, itching, body completely reddened and swollen tightly. Resident assessed and not feeling well and has not come out of room since prior day, where he had reported not feeling well and skin was turningred(sic) and not feeling well. This nurse immediately called [name of nurse practitioner] NP after resident refusing to go out to ER, (emergency room) and receiving orders for Benadryl 25mg(sic) 2 tablets PO (by mouth) Q (every) 6 hours as needed. along with immediately given (sic) Benadryl. All orders for escript to pharmacy per NP. Will continue to monitor closely. "</p> <p>6/6/23 4: 24 p.m., Late Entry: " Resident continues to have total body redness and swelling, with skin</p> | | | | | | |

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| | <p>peeling in several parts of body including arms, hands, face, neck, legs. Resident continues to complain of itching and being miserable tired. States "this has kicked my butt" . Residentin (sic) bed, not feeling well, and has been incontinent of urine and bowel and required assistance with cares. Resident continues on Benadryl and Prednisone for the reaction. Communication with [name of nurse practitioner] NP has been open and she has been updated through out the day. Meals taken to resident, however resident not eating well. Protein drinks given to resident and resident has drank them. Will continue to follow up and monitor resident and keep NP updated."</p> <p>6/12/23 4: 06 p.m., " This nurse has had no calls back from [name of home health] in regard to cares at this time, this nurse called NP and this nurse to cleanse wound, now open d/t skin peeled off and more peeling to all frontal lower extremity and the foot and ankle dripping andpeeling(sic). then to cover with non stick dressing and wrap with gauze to keep clean, This nurse did cleanse areas and cover to keep clean. Resident stated that his leg felt better and was ready to lay down for a while, thanked nurse. this stated wouldfollow(sic) up with home care in morning. Will follow up with resident and continue to keep NP updated."</p> <p>On 6/29/23 at 1:30 p.m., a document was reviewed from the nurse practitioner [name of nurse practitioner] and included the following: " To whom it may concern, I am writing this letter out of concern for one of my patients who I started on an antibiotic May 30th, 2023 when [name of LPN] notified me of the continued signs and symptoms of cellulitis after completion of first antibiotic treatment. Patient had No known allergies at that time. I received text</p> | | | | | | |

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| | <p>messages from [name of LPN] Friday June 2nd about multiple people all afternoon. I received no alert about an allergic reaction to antibiotics until the Director of Nursing notified me on Monday June 5th around 1:30 in the afternoon. This provider received no notification via text, phone call, or fax about this allergic reaction over the weekend. The patient states he told [name of LPN] on Saturday about a rash and by Tuesday when he was seen by me he had developed Steven Johnson Syndrome from continued antibiotic use with an allergic reaction that could have been avoided had the antibiotic been stopped when resident first notified the nurse. If you have any questions please don't hesitate to call/text me. Thank You, [name of nurse practitioner]"</p> <p>On 6/29/23 at 12:36 p.m., the DON provided the current medication administration policy with a revision date of 6/15/28 and effective date of 8/1/18. The policy included, but was not limited to:</p> <p>c. The community will assume responsibility for the medication or treatment administration and notify the physician in the event family plan and alternate have adversely affected the condition of the resident.</p> <p>This State Residential Finding relates to Complaint IN00410698 and Compliant IN00410685.</p> | | | | | | |