

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155857	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/06/2021
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NAME OF PROVIDER OR SUPPLIER TRANQUILITY NURSING AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N CENTRAL AVENUE INDIANAPOLIS, IN 46205
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00350882 and IN00353051.</p> <p>Complaint IN00350882- Substantiated. Federal/State deficiencies related to the allegations are cited at F755 and F760.</p> <p>Complaint IN00353051- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 5 and 6, 2021</p> <p>Facility number: 014265 Provider number: 155857 AIM number: 300029339</p> <p>Census Bed Type: SNF/NF: 25 Total: 25</p> <p>Census Payor Type: Medicare: 0 Medicaid: 22 Other: 3 Total: 25</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on May 14, 2021</p>	F 0000		
F 0755 SS=E Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and</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>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 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 interview and record review, the facility failed to ensure physician orders were followed in regard to scheduled doses and frequency of narcotic medication for 5 of 5 residents reviewed for medication administration. (Resident B, C, D, E and F)</p>	F 0755	<p>F755</p> <p>1. Nothing can be done with the specific residents B, C, D, E and F as they are not identified.</p> <p>2. Any resident receiving a controlled medication has the potential to be affected. The</p>	05/24/2021

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	<p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 5/5/21 at 2:50 p.m. The diagnoses included, but were not limited to, hemiplegia, seizures, chronic pain, epilepsy and hydrocephalus.</p> <p>A physician order, dated 3/2/21, indicated the following, "...lacosamide solution 10 MG/ML...give 20 mg via G-Tube two times a day related to OTHER SEIZURES..." The administration times were at 6:00 a.m. and 6:00 p.m.</p> <p>A "Controlled Substances Record" for Resident B's lacosamide, dated 3/2/21, indicated no 6:00 a.m. dose was administered on 3/4/21, 3/5/21 and 3/7/21. No 6:00 p.m. dose was administered on 3/6/21, 3/11/21 and 3/12/21.</p> <p>A "Controlled Substance Record", dated 3/15/21, indicated no 6:00 a.m. dose was administered on 3/19/21, 3/20/21 and 3/24/21.</p> <p>There was no narcotic record of lacosamide being administered since 3/13/21 at 6:00 p.m., until 3/16/21 at 6:00 p.m.</p> <p>2a. The clinical record for Resident C was reviewed on 5/6/21 at 1:30 p.m. The diagnoses included, but were not limited to, muscular dystrophy, anxiety disorder, pain and quadriplegia.</p> <p>A physician order, dated 10/28/20, indicated the following, "...Alprazolam [generic for Xanax] 0.5 MG [milligrams]...give 0.5 mg by mouth two times a day for anxiety disorder..." The administration times were at 8:00 a.m. and 4:00</p>		<p>controlled medication sign out sheet for each resident will be reviewed for discrepancies.</p> <p>3. Nurses and QMA will be in-serviced on following MD orders and signing out controlled medication on the controlled medication count sheet.</p> <p>4. The controlled medication count sheets will be monitored 5 times a week. Discrepancies will be addressed at that time. Nursing personnel that continue to make errors will receive disciplinary action. Any discrepancies will be reported to QA committee monthly.</p>	

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	<p>p.m.</p> <p>A physician order, dated 10/28/20, indicated the following, "...Alprazolam 0.5 MG...Give 1 mg by mouth at bedtime for anxiety...." The administration time was 9:00 p.m.</p> <p>A "Patient Narcotics Record" sheet for Resident C's alprazolam 0.5 milligram tablet indicated no 8:00 a.m. dose was signed off for 5/3/21. No 4:00 p.m. dose was signed off 4/30/21, 5/2/21 and 5/3/21. Only 0.5 milligram was signed off for the bedtime dose, instead of 1 milligram, on 4/28/21.</p> <p>The following date(s)/time(s) were noted with staff sign-off of administration of alprazolam outside of the window of administration:</p> <p>4/30/21 for 12:00 p.m., 5/2/21 for 2:00 p.m. & 5/3/21 for 2:00 p.m.</p> <p>2b. A physician order, dated 11/5/20, was noted for Fentanyl patch 72-hour 75 microgram patch to be applied and changed every 72 hours.</p> <p>A "Controlled Substance Record" for Resident C's Fentanyl patches, dated 4/5/21, indicated a Fentanyl patch was not signed off, as administered, for Resident C on 5/1/21.</p> <p>3. The clinical record for Resident D was reviewed on 5/6/21 at 1:45 p.m. The diagnoses included, but was not limited to, depressive episodes, anxiety disorder and neuropathy.</p> <p>A physician order, dated 11/20/20, indicated the following, "...Lyrica Capsule 50 MG...give 50 mg via G-Tube [gastrostomy tube] every 8 hours for</p>			

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	<p>neuropathic pain...." The administration times were 12:00 a.m., 8:00 a.m. and 4:00 p.m.</p> <p>A "Controlled Substance Record", for administration of Lyrica for April and May of 2021, noted no 12:00 a.m. dose was administered on 4/7/21, 4/10/21, 4/12/21, 4/16/21, 4/25/21, 5/2/21 and 5/5/21. No 4:00 p.m. dose was documented as administered on 4/4/21, 4/14/21, 4/19/21, 4/30/21, 5/1/21, 5/2/21 and 5/3/21.</p> <p>The following date(s)/time(s) were noted with staff sign-off of administration of Lyrica outside of the window of administration:</p> <p>4/1/21 at 8:00 p.m., 4/4/21 at 12:00 p.m., 4/6/21 at 6:00 p.m., 4/6/21 at 8:00 p.m., 4/9/21 at 9:00 p.m., 4/11/21 at 8:00 p.m., 4/14/21 at 8:00 p.m., 4/15/21 at 9:00 p.m., 4/19/21 at 8:00 p.m., 4/24/21 at 8:00 p.m., 5/2/21 at 1:00 p.m. & 5/4/21 at 9:00 p.m.</p> <p>4. The clinical record for Resident E was reviewed on 5/6/21 at 2:30 p.m. The diagnoses included, but were not limited to, anxiety disorder, cerebral palsy and cognitive communication deficit.</p> <p>A physician order, dated 12/16/20, indicated the following, "...diazepam solution 5 MG/ML...give 0.5 ml sublingually two times a day related to anxiety disorder...." The administration times were 8:00 a.m. and 8:00 p.m.</p>			

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	<p>A "Controlled Substances Record" was reviewed for April and May of 2021. Resident E's diazepam was not administered twice a day on 4/25/21 and 5/1/21.</p> <p>5. The clinical record for Resident F was reviewed on 5/6/21 at 2:45 p.m. The diagnoses included, but were not limited to, multiple sclerosis, anxiety disorder and muscle spasm.</p> <p>A physician order, dated 3/18/21, indicated the following, "...Valium [antianxiety medication] Tablet 2 MG [diazepam]...Give 2 mg by mouth at bedtime related to anxiety disorder...." The administration time was 9:00 p.m.</p> <p>A physician order, dated 3/18/21, indicated the following, "...Valium Tablet 2 MG...Give 1 mg by mouth two times a day related to anxiety disorder...." The administration times were 8:00 a.m. and 4:00 p.m.</p> <p>A "Controlled Substances Record", dated 4/20/21, noted the following:</p> <p>4/24/21- 4:00 p.m. dose signed off at 6:00 p.m., 4/24/21- only 1 mg was administered at 8:00 p.m. instead of 2 mg & 4/26/21- no 4:00 p.m. dose was signed off as administered.</p> <p>An interview conducted with the Executive Director (ED), on 5/6/21 at 1:30 p.m., indicated the nursing staff are to follow physician orders as written and administer medications within the window of administration.</p> <p>A policy titled "Administering Medications", revised December of 2012, was provided by the</p>			

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F 0760 SS=D Bldg. 00	<p>ED on 5/6/21 at 1:24 p.m. The policy indicated the following, "...Medications shall be administered in a safe and timely manner, and as prescribed...3. Medications must be administered in accordance with the orders, including any required time frame...4. Medications must be administered within one [1] hour of their prescribed time, unless otherwise specified..."</p> <p>This Federal tag relates to Complaint IN00350882.</p> <p>3.1-25(a) 3.1-25(b)(2) 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 interview and record review the facility failed to ensure the proper dose of an anticonvulsant medication was administered, per a hospital discharge summary, for 1 of 5 residents reviewed for medication administration. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 5/5/21 at 2:50 p.m. The diagnoses included, but were not limited to, hemiplegia, seizures, chronic pain, epilepsy and hydrocephalus.</p> <p>The census report indicated Resident B was hospitalized on 2/21/21 and discharged back to the facility on 3/2/21.</p> <p>The hospital records, dated 2/20/21 to 3/2/21,</p>	F 0760	<p>F760</p> <ol style="list-style-type: none"> Nothing can be done for the resident; she was discharged from the facility. Any resident that receives anti-convulsive medication that have had a recent hospital stay have the potential to be affected. If any discrepancies are found they will be corrected immediately. All new admission orders will be reviewed in the morning clinical meeting and any discrepancies will be addressed. Nurses will be in-serviced on verifying change in orders that differ from hospital orders on 5/20/21. 	05/24/2021

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	<p>indicated the diagnoses at the hospital included, but were not limited to, seizure, respiratory failure, hypertension, dysphagia, urinary tract infection and impaired mobility.</p> <p>A hospital discharge summary, dated 3/2/21, indicated the following physician order, "...lacosamide [anticonvulsant medication with a brand name of Vimpat] 200 mg [milligram]...Two times a day...."</p> <p>A Nurse Practitioner (NP) note, dated 3/2/21 at 8:34 p.m., indicated the following, "...New Medications... Vimpat [lacosamide] 10 mg [milligrams]/mL [milliliters] solution. Take 2 ml via g-tube [gastrostomy tube] twice a day...." The form was electronically signed by NP 2.</p> <p>A physician order, dated 3/2/21, indicated the following, "...lacosamide solution 10 MG/ML...give 20 mg via G-Tube two times a day related to OTHER SEIZURES...."</p> <p>The physician order for lacosamide 20 milligrams at the facility did not match the discharge orders from the hospital for lacosamide 200 milligrams.</p> <p>A "Controlled Substances Record", dated 3/2/21, indicated only 20 milligrams of Vimpat (Brand name of lacosamide) was documented, as administered, for 15 administrations from 3/3/21 to 3/13/21.</p> <p>A "Controlled Substance Record", dated 3/15/21, indicated only 20 milligrams of Vimpat was documented, as administered, for 15 administrations from 3/16/21 to 3/25/21.</p> <p>There was no narcotic record of lacosamide</p>		<p>4. New admission orders will be reviewed in the morning clinical meeting any discrepancies will be addressed and results will be reported to QA committee monthly.</p>	

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	<p>being administered since 3/13/21 at 6:00 p.m., until 3/16/21 at 6:00 p.m.</p> <p>A progress note, dated 3/25/21, indicated the following, "...evaluated today for simultaneous seizure activity...Nurse reported back-to-back seizure activity. Resident alert, and wide-eyed...Was able to visualize pupils dilated to 8 mm [millimeters]...Nurse stated that her body is becoming rigid as we speak and this would be the 3rd episode within minutes of each other. She has a hx [history] of cerebral hemorrhage and CVA [cerebrovascular accident]...Will send to ER [emergency room] for further eval [evaluation] d/t [due to] significant neuro [neurological] PMH [past medical history]...."</p> <p>An interview conducted with the Executive Director (ED), on 5/6/21 at 1:30 p.m., indicated the nursing staff are to follow physician orders as written and administer medications within the window of administration.</p> <p>An interview conducted with the ED, on 5/6/21 at 5:45 p.m., indicated NP 2 appeared to be the one that noted the 20-milligram dose of lacosamide. With it being a controlled substance there would have needed to be a script sent to pharmacy.</p> <p>A policy titled "Administering Medications", revised December of 2012, was provided by the ED on 5/6/21 at 1:24 p.m. The policy indicated the following, "...Medications shall be administered in a safe and timely manner, and as prescribed...3. Medications must be administered in accordance with the orders, including any required time frame...."</p> <p>This Federal tag relates to Complaint</p>			

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

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FORM APPROVED

OMB NO. 0938-0391

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	IN00350882. 3.1-48(c)(2)				