

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

PRINTED: 03/02/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155384		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/25/2023	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - LINCOLN HILLS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 402 19TH STREET TELL CITY, IN 47586			
(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	
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00394412.</p> <p>Complaint IN00394412 - Substantiated. Federal/state deficiencies related to the allegations are cited at F658.</p> <p>Survey dates: January 24, 25, 2023</p> <p>Facility number: 000411 Provider number: 155384 AIM number: 100275100</p> <p>Census Bed Type: SNF/NF: 64 Total: 64</p> <p>Census Payor Type: Medicare: 9 Medicaid: 42 Other: 13 Total: 64</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 27, 2023.</p>		F 0000	<p>Preparation and submission of this Plan of Correction does not constitute any admission or agreement of any kind by the conclusion set forth in this allegation. Accordingly, the facility has prepared and submits this Plan of Correction solely as a requirement under State and Federal Law that mandates a submission of a Plan of Correction as a condition to participate in Title 18 and Title 19 programs, and to provide the best possible care to our residents.</p> <p>We would like to respectfully request a desk review.</p>			
F 0658 SS=D Bldg. 00	<p>483.21(b)(3)(i) Services Provided Meet Professional Standards §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality.</p>						

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

TITLE

(X6) DATE

Julie

Pennington

02/10/2023

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 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 30 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 observation, interview, and record review, the facility failed to ensure that medications were administered according to manufacturer's guidance. Insulin was administered from a NovoLog FlexPen and a Basaglar KwikPen without being primed (removing the air from the needle and cartridge that may collect during normal use) prior to insulin being administered to a resident for 1 of 1 residents reviewed for receiving insulin. (Resident E)</p> <p>Findings include:</p> <p>On 1/24/23 at 11:10 A.M., LPN (Licensed Practical Nurse) 6 was observed preparing insulin for Resident E. They failed to prime the NovoLog FlexPen with 2 (two) units of insulin prior to administering insulin to Resident E.</p> <p>On 1/25/23 at 8:09 A.M., LPN (Licensed Practical Nurse) 3 was observed preparing insulin for Resident E. They failed to prime the Basaglar KwikPen with 2 (two) units of insulin prior to administering insulin to Resident E.</p> <p>On 1/24/23 at 11:20 A.M., Resident E's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus type I.</p> <p>Current physician orders included, but were not limited to, the following orders: Novolog 100 U/ML (units/milliliter) (NovoLog FlexPen) per sliding scale SQ (subcutaneous) before meals and at bedtime.</p> <p>Basaglar KwikPen 100 U/ML inject 20 units SQ in the morning</p> <p>Resident E's blood sugar reading reading on</p>			F 0658	<p>what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Residents E was found to not be affected by this practice. Observation of Insulin pen administration for Resident E was conducted with no findings.</p> <p>¿ how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; The facility recognizes that all insulin dependent residents have the potential to be affected by this deficient practice. Random observations of insulin pen administration to ensure pen is primed prior to administration will be conducted on residents receiving insulin by pen.</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; An Insulin Pen inservice will be conducted for nursing staff. Audits will be conducted to ensure proper priming of insulin pens are met with insulin administration. Audits will be conducted 5 days per week for 1 month, 4 days per week for 1 month, 3 days per week for 1 month, 2 days per week for 1 month and 1 day per week for 1 month.</p>		02/16/2023

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	<p>1/24/23 at 11:00 A.M., was 243. The sliding scale reference for a blood sugar of 243 was to administer 9 (nine) units of Novolog insulin SQ .</p> <p>During an interview on 1/24/23 at 11:20 A.M., LPN 6 indicated they do not have to prime the NovoLog FlexPen.</p> <p>During an interview on 1/25/23 at 10:42 A.M., LPN 3 indicated they do not have to prime the Basaglar KwikPen.</p> <p>During an interview on 1/25/23 at 9:55 A.M., the DON (Director of Nursing) indicated that nurses should be priming all insulin pens before administering the dose of insulin to the resident.</p> <p>On 1/25/23 at 10:32 A.M., the DON indicated they do not have copies of the package inserts for the Basaglar KwikPen or NovoLog FlexPen but they would follow the manufacturer's guidelines.</p> <p>Current Basaglar KwikPen manufacturer's instructions to use guide, dated November 2022, indicated "Prime before each injection ... It is important to prime your pen before each injection so that it will work correctly. If you do not prime before each injection, you may get too much or too little insulin"</p> <p>A current NovoLog FlexPen manufacturer's package insert, dated October 2021, indicated "Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to ensure proper dosing: turn the dose selector to select 2 units. Hold the NovoLog FlexPen with the needle pointing up. Tap the cartridge gently with your finger a few times to make any air bubbles collect at the top of the cartridge. Keep the needle pointing upwards,</p>				<p>¿ how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; Audits will be reviewed in the monthly QAPI meeting for six months or until no further corrective action is needed.</p>		

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	<p>press the push-button all the way in until the dose selector returns to 0. A drop of insulin should appear at the needle tip. If not, change the needle and repeat the procedure no more than 6 times. If you do not see a drop of insulin after 6 times, do not use the NovoLog FlexPen"</p> <p>A non dated current Insulin Pen policy was provided on 1/25/23 at 10:30 A.M., by the DON and indicated " ... insulin pens will be primed prior to each use to avoid collection of air in the insulin reservoir ... "</p> <p>This Federal tag relates to Complaint IN00394412.</p> <p>3.1-35(g)(1)</p>						