STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155692	A. BUILDING 00 B. WING	07/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HERITAGE OF HUNTINGTON	1180 W 500 N HUNTINGTON, IN 46750

(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
R 0000 Bldg. 00	This visit was for Residential Complaint IN00300808. This was in conjunction with the Recertification and State Licensure Survey and Residential Licensure Survey. Survey dates: July 8, 9, 10, 11, 12, and 15, 2019 Facility number: 002910 Residential Census: 56 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on July 17, 2019.	R 0000		
R 0242 Bldg. 00	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. Based on record review and interview, the facility failed to ensure monitoring of an acute condition for 1 of 3 residents reviewed for infections (Resident D). This practice resulted in hospitalization for a resident with known kidney disease. Findings include: Review of Resident D's closed clinical record was	R 0242	A facility policy for Medication Monitoring has been developed (Attachment A). This policy will be presented to all facility nurses at mandatory nurse meetings during the week of August 5th. The facility has started tracking all new medication orders for the Residential / Assisted Living facility to ensure that appropriate	08/14/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	completed on 7/12/19 at 11:08 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD) stage 4, and lymphedema. Review of progress notes indicated the following: On 6/17/19, she returned from an appointment with her urologist with a new order for a urinalysis (UA) with a culture and sensitivity (C&S). On 6/18/19 a urine sample was obtained. On 6/21/19, her primary care physician reviewed and signed the results of the UA collected on 6/18/19. There were no new orders, and the results were also also faxed to the urologist. The evening of 6/21/19, the on-call provider for the primary care physician was called with a request for an order for an antibiotic for the resident. A new order was obtained for gentamicin (antibiotic) 320 mg intramuscularly (IM) every eight hours for seven days. On 6/26/19, the urologist's office was contacted to ensure receipt of the UA results. Confirmation was received of the UA results sent on 6/21/19 being reviewed by the urologist with no new orders. On 6/27/19, the facility notified the resident's family of her complaints of nausea and pain from the IM administration of the gentamicin. On 6/30/19, she was taken to the ER for evaluation. She was admitted to the hospital for dehydration and kidney issues. On 7/7/19, the facility was notified the resident was placed on hospice services at a family		monitoring tools are in place. Appropriate tools include but are not limited to assessments, monitoring orders, and repeat labs. The facility will track all new medication orders for appropriate monitoring for the next 4 weeks (Attachment B). If at 100% compliance, the tracking will decrease to bi-weekly for an additional two months; if not at 100% compliance the facility will continue the tracking until 100% compliant for four consecutive weeks and then proceed to a bi-weekly tracking until 100% compliant for two consecutive months. The systemic changes and training will be completed by August 14, 2019.	

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	member's home and would not be returning to the facility. There was no documentation in the clinical record of the resident being assessed or monitored while receiving the IM antibiotic, other than daily blood pressure, pulse, and weight. Review of a 7/1/19 hospital admission note indicated Resident D had acute kidney injury superimposed on chronic kidney disease, stage three, likely due to gentamicin use, now on dialysis. During an interview, on 7/15/19 at 10:27 a.m., the DON indicated the on-call doctor for the primary care physician's office had ordered the gentamicin. There were no additional laboratory studies ordered, nor gentamicin levels ordered. Any monitoring of the resident done by the facility would be in the clinical record. Review of www.PDR.net (Physician's Desk Reference), accessed on 7/12/19 at 11:44 a.m., indicated the following: For the treatment of complicated urinary tract infection (UTI) and pyelonephritis, Gentamicin was indicated to be administered intravenously (IV) or intramuscularly at a dosage of 5 to 7 mg/kg/dose (milligrams/kilogram/dose) IV or IM. Initial dosing intervals are often determined using a nomogram and then are adjusted based on a random concentration drawn 8 to 12 hours after the first dose; dosing intervals of 24, 36, and, in some cases, 48 to 72 hours, may be necessary. Conventional dosing was 3 mg/kg/day IV or IM, divided every 8 hours; doses up to 5 mg/kg/day IV or IM divided every 6 to 8 hours may be required in life-threatening infections.			