

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>155277</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>11/07/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>APERION CARE VALPARAISO</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>3301 N CALUMET AVE</b> <b>VALPARAISO, IN 46383</b>		
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00277488.</p> <p>Complaint IN00277488 - Substantiated. Federal/State deficiencies related to the allegations are cited at F760.</p> <p>Survey date: November 7, 2018</p> <p>Facility number: 000176 Provider number: 155277 AIM number: 100288940</p> <p>Census Bed Type: SNF/NF: 83 Total: 83</p> <p>Census payor type: Medicare: 7 Medicaid: 62 Other: 14 Total: 83</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 11/13/18.</p>	F 0000		
F 0760  SS=G Bldg. 00	<p>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. Based on record review and interview, the facility failed to ensure residents were free of significant medication errors related to a medication to lower ammonia levels not administered as per hospital</p>	F 0760	<p><b>F760</b></p> <p><b>The facility requests paper compliance for this citation.</b></p>	12/04/2018

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 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>Physician discharge medications list. This resulted in a resident requiring re-admission to the hospital for treatment for 1 of 3 residents reviewed for medication administration upon admission from the hospital. (Resident E)</p> <p>Finding includes:</p> <p>The closed record for Resident E was reviewed on 11/7/18 at 9:08 a.m. Diagnoses included, but were not limited to, metabolic encephalopathy, cirrhosis of the liver, chronic kidney disease, irritable bowel syndrome, congestive heart failure, altered mental status, and diabetes mellitus. Resident E was admitted to the facility from the hospital on 8/21/18. The resident was sent back to the hospital on 8/25/18 for a change in condition.</p> <p>The 8/21/18 hospital Medication Flowsheet indicated orders for Lactulose (a liquid medication to lower ammonia levels) 30 Grams orally three times a day. The 8/21/18 Patient Discharge Instruction sheet from the hospital included a list of current medications including Lactulose 10 grams/15 ml's- give 45 mls orally three times a day.</p> <p>Progress Notes were reviewed as follows:</p> <p>8/21/18 at 8:36 p.m. Nurse Practitioner Non Face to Face Service: Chart reviewed and hospital records reviewed. Resident's code status is Full Code. Current diagnoses include, congestive heart failure, cirrhosis of the liver, chronic kidney disease. Hospital History and Physical indicated hepatic encephalopathy related to non-compliance with medications and diet. Patient will be evaluated at a future appointment.</p> <p>8/22/18 at 3:06 a.m. Nursing Progress Note: New admission. No concerns with mood or behaviors, peripheral pulses palpable, no edema noted,</p>		<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p><b>1) Immediate actions taken for those residents identified:</b></p> <p>Upon notification of error related to Lactulose on 8/24/18, physician ordered ammonia level and to start Lactulose 15ml three times per day. Resident was sent to hospital for evaluation on 8/25/18.</p> <p><b>2) How the facility identified other residents:</b></p> <p>Medication reconciliation audit will be completed on all admissions/readmissions since 11/1/18 to identify if any other residents were affected.</p> <p><b>3) Measures put into place/ System changes:</b></p>	

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	<p>speech is clear, no complaints of pain, alert with no changes in mental status.</p> <p>8/22/18 at 11:06 a.m. Nursing Progress Note: Resident is alert, no concerns with mood or behavior. No complaint of pain.</p> <p>8/24/18 at 1:25 p.m. Nurse Practitioner Progress Note: Physical Therapy stated patient more confused and arguing today during therapy.</p> <p>8/24/18 at 11:00 p.m. Nursing Progress Note: Abnormal laboratory results. Ammonia level is 218 (normal level 15-45). Physician notified.</p> <p>8/25/18 at 1:00 a.m. Nursing Change in Condition Evaluation: Abnormal laboratory results - Ammonia level 218 with vomiting and increased confusion.</p> <p>8/25/18 at 1:45 a.m. Nursing Progress Note: Resident left by ambulance, transfer to the hospital Emergency Room.</p> <p>8/25/18 at 10:57 a.m. Nursing Progress Note: Spoke with the hospital. Resident was admitted for hepatic (liver) encephalitis.</p> <p>Hospital Medical Records for the 8/25/18 admission indicated a diagnoses of Encephalopathy likely metabolic from kidney and liver disease. Received Lactulose (Medication to lower ammonia levels) in the Emergency Room. Patient presented with altered mental status, disoriented, and confused.</p> <p>When interviewed on 11/7/18 at 1:16 p.m., the Director of Nursing indicated Resident E's Daughter voiced concerns over the resident not receiving Lactulose as ordered from the hospital.</p>		<p>Licensed nurses will be re-educated on medication reconciliation process and verification of orders with physician or Nurse Practitioner upon admission/re-admission.</p> <p>A second medication reconciliation review will be completed by the nurse on the next shift after each admission/re-admission to verify accuracy of medication orders.</p> <p><b>4) How the corrective actions will be monitored:</b></p> <p>The Director of Nursing or designee will complete a medication reconciliation review on the next business day following admission/readmissions as they occur.</p> <p><b>The results of these audits will be reviewed in Quality Assurance Meeting monthly x6 months or until 100% compliance is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</b></p> <p><b>5) Date of compliance: 12/4/18</b></p>	

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	<p>The admitting Nurse was interviewed and indicated he had questions on the Lactulose dose on the orders and sent the Physician a text to clarify. There was no follow up. The resident did not receive Lactulose from 8/21/18 thru 8/24/18 as there was no follow up with the Physician after the initial text was sent. The resident was unable to take the Lactulose on 8/24/18 due to vomiting.</p> <p>When interviewed by phone on 11/7/18 at 2:15 p.m., Resident B's Physician indicated the resident was sent back to the hospital after an increased blood ammonia level was noted at the facility. The resident should have been on Lactulose as ordered from the hospital due to his diagnoses.</p> <p>This Federal tag relates to Complaint IN00277488.</p> <p>3.1-25(b)(9)</p>			