

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/06/2018
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NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF THE BRETHERN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN 46962
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00263749.</p> <p>Complaint IN00263749 - Substantiated. Federal/state deficiencies related to the allegations are cited at F758 and F760.</p> <p>Survey dates: June 5 and 6, 2018</p> <p>Facility number: 000448 Provider number: 155740 AIM number: 100275140</p> <p>Census Bed Type: SNF/NF: 62 NF: 130 Total: 192</p> <p>Census Payor Type: Medicare: 1 Medicaid: 13 Other: 48 Total: 62</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 11, 2018.</p>	F 0000		
F 0758 SS=D Bldg. 00	<p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in</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 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>the following categories:</p> <ul style="list-style-type: none"> (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or</p>			

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	<p>prescribing practitioner evaluates the resident for the appropriateness of that medication. Based on, interview and record review, the facility failed to ensure residents did not receive psychotropic medications without indication of use for 1 of 3 residents reviewed for unnecessary medications. (Residents B)</p> <p>Findings included:</p> <p>The closed clinical record for Resident B was reviewed on 6/4/18 at 3:23 p.m. Diagnoses included, but were not limited to, dementia, diabetes mellitus, heart failure, acute respiratory failure, chronic kidney disease, metabolic encephalopathy and hypertension. A significant change Minimum Data set, dated 5/15/18, indicated the resident was severely cognitively impaired. The resident had no hallucinations, delusions or behaviors noted.</p> <p>A discontinued health care plan, initiated 5/22/18 and discontinued 5/28/18, indicated the resident was receiving hospice and was receiving Seroquel for delirium. He was removing his oxygen, kicking and clinching fists and restless. Interventions included, but were not limited to, provide one on one as needed and family at bedside most of the day.</p> <p>A progress note, dated 5/18/18 at 1:03 a.m., indicated the resident was restless, moaning and taking off clothing.</p> <p>On 5/18/18 at 2:55 p.m., the resident was "...Peaceful at time."</p> <p>At 7:03 p.m., no restlessness was noted.</p> <p>ON 5/20/18 at 3:12 a.m., the resident was confused</p>	F 0758	<p>1. It is, and always has been the intent of Timbercrest residents are free from unnecessary medications. All residents in Health Care and Crestwood, receiving psychotropic medications were reviewed by the IDT. All recommendations made by the IDT, for reductions or discontinuations, were based on the scheduled review cycle of each individual resident. The IDT team did not identify any medications needing reduction or discontinuation that were not already scheduled to be reviewed.</p> <p>2. Nurses were re-educated on clinical indicators supporting the use of any anti-psychotic, that non-pharmacological interventions must be attempted initially, deemed ineffective, documented as such, prior to administration of an anti-psychotic medication.</p> <p>3. When recommendation is not made by IDT, the Director of Nursing or designee will be contacted and will discuss resident's condition for approval prior to contacting physician regarding for initiation or change in psychotropic medication. The director of nursing or designee will document in the progress that a review of resident's actions and reactions was conducted and the initiation or change was necessary.</p>	06/27/2018

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	<p>and restless at times. He was observed to have his arms up in the air and asking for his wife, who was deceased. Reorientation was unsuccessful.</p> <p>On 5/20/18 at 3:41 a.m., he was noted to have been calling out to people.</p> <p>At 6:22 a.m., on 5/20/18, the facility received new orders from hospice to increase morphine (narcotic analgesic) to 0.5 mL every one hour as needed and to discontinue routine medications.</p> <p>On 5/20/18 at 5:40 p.m., the resident was very restless. The facility received a new order to discontinue morphine and increase oxycodone (opioid for pain management) 5 mg every six hours routine and 5 mg every hour as needed for pain.</p> <p>ON 5/20/18 at 8:05 p.m., the facility received a new order for Seroquel (antipsychotic) 50 mg every eight hours.</p> <p>A progress note, dated 5/24/18 at 9:29 a.m, indicated "Interdisciplinary Team [IDT] met....Continues to Seroquel and hospice declines to DC [discontinue] med. DX [diagnosis] is delirium....pharmacy to evaluate meds and hospice to decrease Seroquel. Responses not yet received...."</p> <p>On 5/24/18 at 11:33 a.m., the facility received a new order from hospice to discontinue Seroquel.</p> <p>During an interview 6/6/18 at 11:15 a.m., the Director of Nursing (DON) stated the Seroquel was started while the resident was on oxycodone and only PRN (as needed) morphine. The routine morphine had been discontinued. The physician was trying to find something that worked because the more Ativan (to treat anxiety) they used, it</p>		<p>5. Progress notes will be audited within 48 hours in the event that an anti-psychotic medication is initiated. Audits will be conducted by Chief Operating Officer/Administrator, or the Director of Resident Care. These audits will continue for a period of 12 months. All residents who are started on an anti-psychotic will be reviewed by the QAPI committee for a period of no less than 1 year.</p>	

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	<p>seemed to make the symptoms worse.</p> <p>On 6/6/18 at 11:49 a.m., the DON indicated all behaviors were documented in the progress notes. They do not have a separate sheet or place they document behaviors. The progress notes are then read in morning meetings daily.</p> <p>During an interview 6/6/18 at 12:15 p.m., the Administrator stated it was an acute onset and happened so fast that staff were probably doing interventions, they just did not document what they tried and what did not work. As soon as they came back on Monday they realized the needed to review the Seroquel.</p> <p>Review of a current policy, titled "ANTIPSYCHOTIC DRUGS," revised 4/2015 and provided on 6/6/18 at 11:46 a.m. by the DON, indicated the following: "POLICY: Antipsychotic drug therapy shall be used only when it is necessary to treat specific condition. ...PROCEDURE: ...2. An antipsychotic medication should be used only for the following condition/diagnoses as documented in the record and as meets the definition(s).... a. Schizophrenia b. Schizo-affective disorder c. Delusional disorder.... b. Acute Psychiatric Situations.... ...iii. Pertinent non-pharmacological interventions must be attempted, unless contraindicated, and documented following the resolution of the acute psychiatric situation."</p> <p>This Federal tag relates to Complaint IN00263749.</p> <p>3.1-48(a)(4)</p>			

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F 0760 SS=D 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.</p> <p>Based on interview and record review, the facility failed to follow the physician's orders and care plan interventions for 1 of 3 residents whose care plans were reviewed. (Resident B)</p> <p>Findings included:</p> <p>The closed clinical record for Resident B was reviewed on 6/4/18 at 3:23 p.m. Diagnoses included, but were not limited to, dementia, diabetes mellitus, heart failure, acute respiratory failure, chronic kidney disease, metabolic encephalopathy and hypertension. A significant change Minimum Data set, dated 5/15/18, indicated the resident was severely cognitively impaired.</p> <p>A current health care plan, dated 5/31/18, indicated the resident received hospice care for a terminal illness. Interventions included, but were not limited to, monitor for signs and symptoms of yelling, moaning, facial grimacing and clenching of fist and administer pain medications as ordered per hospice.</p> <p>A physician's order, dated 5/28/18, indicated to give morphine concentrate (opioid analgesic) 100 mg per 5 mL (20 mg/mL) give 10 mg or 0.5 mL every hour as needed.</p> <p>Another physician's order, dated 5/28/18, indicated to give morphine concentrate 100 mg per 5 mL (20 mg/mL) give 20 mg or 1.0 mL every four hours at 12:00 a.m., 4:00 a.m., 8:00 a.m., 12:00 p.m.,</p>	F 0760	<p>1. It is, and always has been the intent of Timbercrest to administer medications as prescribed. All residents in Health Care and Crestwood "Medication Administration" records and narcotic count sheets were audited for medication administration errors. Two other administration errors were identified, were medication was signed out on EMAR but not given, medication was not signed out on narcotic sheet and count was correct.</p> <p>2. Nurses and Q.M.As were re-educated on Timbercrest's policy regarding narcotic administration procedures. Q.M.A's will not administer PRN narcotic medication until the nurse has verified need and dosage of medication.</p> <p>3. Routine and PRN administration will be tracked on separate narcotic count sheets. When an order for a "PRN" narcotic has changed, it will be reported in both nurse and Q.M.A shift to shift report for 72 hours. The nurse obtaining the order from Physician will also place an "ATTENTION: Medication change, check order" sticker, located in the top drawer of all medication carts, on the</p>	06/27/2018

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	<p>4:00 p.m., and 8:00 p.m.</p> <p>The controlled drug use record, indicated the facility received a quantity of 56. The hand written prescription indicated "morphine sol [solution] 100 mg/5 ml (20 mg/mL) give 10 mg 0.5 mL PO [by mouth] every hour PRN [Pro Re Nata]. The record was used for both the scheduled and PRN medication.</p> <p>Review of the controlled drug use record, on 5/29/18 at 8:00 a.m., the resident received only two oral syringes of 0.25 mL morphine which gave him 10 mg of morphine. The resident should have received 20 mg at 8:00 a.m.</p> <p>On 5/29/18 at 12:00 p.m., the resident received only two oral syringes of 0.25 mL morphine which gave him 10 mg of morphine. The resident should have received 20 mg at noon.</p> <p>On 5/29/18 at 9:00 p.m., the resident received only two oral syringes of 0.25 mL morphine which gave him 10 mg of morphine. The resident should have received 20 mg at 9:00 p.m.</p> <p>During an interview on 6/5/18 at 12:29 p.m., LPN 1 indicated the staff were using one sheet for both the scheduled and PRN morphine.</p> <p>On 6/6/18 at 8:30 a.m., the Director of Nursing (DON) provided a typed delivery form, quantity and dosage amount, which was verified by the pharmacy. The oral syringes were 0.25 mL syringes and delivered on 5/11/18.</p> <p>On 6/6/18 at 11:49 a.m., the DON indicated they were looking at ways to improve the narcotic documentation records.</p>		<p>narcotic sheet immediately to indicate order changed.</p> <p>4. PRN liquid narcotic administration will be audited: 4 times per week until 90% compliance is achieved and maintained for 4 consecutive weeks; then twice weekly, continuing to maintain 90% compliance for 6 consecutive weeks, and then monthly thereafter for a period of 12 months. Audit results will be reported to the QAPI committee.</p>	

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	<p>Review of a current policy, titled "MEDICATION ORDERING AND RECEIVING FROM PHARMACY," dated 12/2013 and provided on 6/6/18 at 11:46 a.m. by the DON, indicated the following:</p> <p>"...E. An individual resident's controlled substance record is prepared by the pharmacy or the facility for each controlled substance prescribed for a resident. The following information is completed upon dispensing or upon receipt of the controlled substance:</p> <ol style="list-style-type: none"> 1) Name of resident 2) Prescription number 3) Drug name, strength (if designate), and dosage form of medication 5) Quantity received 6) Name of person receiving the medication supply...." <p>Review of another facility policy, titled "MEDICATION ORDERS," dated 6/2017 and provided on 6/6/18 at 11:49 a.m. by the DON, indicated the following:</p> <p>"...Procedures</p> <p>A. Elements of a controlled substance prescription:</p> <ol style="list-style-type: none"> ...5) Strength of medication 6) Dosage form 7) Quantity prescribe...." <p>This Federal tag relates to Complaint IN00263749.</p> <p>3.1-48(c)(2)</p>			