

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155138	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/21/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00121971.</p> <p>Complaint IN00121971 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 12, 13, 14, 15, 17, 18, 19, 20, & 21, 2013.</p> <p>Facility number: 000063 Provider number: 155138 AIM number: 100266210</p> <p>Survey team: Marcy Smith, RN-TC Leia Alley, RN (February 12, 13, 14, 15, 18, 19, 20, & 21, 2013) Patti Allen, BSW (February 13, 14, 15, 17, 18, 19, 20 & 21, 2013) Dinah Jones, RN (February 12, 13, 14, & 15, 2013)</p> <p>Census bed type: SNF/NF: 84 Total: 84</p> <p>Census payor type: Medicare: 11</p>	F000000	<p>Preparation, submission, and implementation of the Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</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>Medicaid: 62 Other: 11 Total: 84</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on March 01, 2013; by Kimberly Perigo, RN.</p>			
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F000279 SS=E	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review, the facility failed to ensure care plans, which included offering non-pharmacological interventions and methods of monitoring effectiveness, were created for residents receiving anti-anxiety medications (Residents #122, #135 and #127) and a pain medication (Resident #94) for 4 of 10 residents who met the criteria for review of careplanning to prevent the use of unnecessary medication in a sample of 37.</p>	F000279	<p>F279 E</p> <p>I. The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>R122 care plan was implemented R135 was discharged to home. R127 care plan was implemented. R94 care plan for pain was implemented.</p>	03/15/2013			

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	<p>Findings include:</p> <p>1. The record of Resident #122 was reviewed on 2/15/13 at 11:00 a.m.</p> <p>Diagnoses for Resident #122 included, but were not limited to, closed femur fracture, adjustment disorder, unspecified psychosis, chronic pain and anxiety disorder.</p> <p>Resident #122 was admitted to the facility on 11/13/12. An admission Minimum Data Set (MDS) assessment indicated his cognition was moderately impaired.</p> <p>A physician's order, dated 12/23/12, indicated Resident #122 could receive Xanax (an anti-anxiety medication) 0.25 milligrams (mg.) three times a day as needed for anxiety.</p> <p>A Medication Administration Record for Resident #122 for January 2013, indicated he received Xanax on 1/4 at 7:49 a.m., 1/7 at 7:59 a.m., 1/8 at 6:52 a.m., 1/9 at 5:04 p.m., and 1/10 at 8:19 a.m. The administration record indicated the medications were effective. Nurses' notes for January 4, 7, 8, 9, and 10, 2013, did not indicate any specific anxiety symptoms or non-pharmacological interventions</p>		<p>II. Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p> <p>Any resident that had an order for anti-anxiety medication had their care plan reviewed and updated as needed to ensure there were interventions of non-pharmacological interventions, care plan for anxiety if on anti-anxiety medications.</p> <p>Residents on pain medication and/or anti anxiety were reviewed to ensure that they had a care plan related to pain.</p> <p>III. The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</p> <p>New orders will be reviewed during morning clinical meeting to ensure that appropriate care plan has been implemented.</p> <p>DNS/Designee will audit new orders and care plans 5 x a week for 8 weeks, then 3 times a week for 8 weeks, and the weekly for 8 weeks to ensure that new medications are care</p>				

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	<p>were attempted prior to the administration of the Xanax.</p> <p>A care plan for anxiety was not found in Resident #122's record.</p> <p>On 2/18/13 at 10:30 a.m., the Director of Nursing indicated an anxiety care plan for Resident #122 had not been created.</p> <p>2. The record of Resident #135 was reviewed on 2/18/13 at 11:25 a.m.</p> <p>Diagnoses for Resident #135 included, but were not limited to, seizures, drug dependence, post traumatic stress disorder, and ruptured aortic aneurysm.</p> <p>Resident #135 was admitted to the facility on 2/11/13.</p> <p>An admission MDS assessment, dated 2/16/13, indicated Resident #135 was independent in cognitive skills for daily decision making.</p> <p>A physician's order dated 2/11/13 indicated Resident #135 could receive Lorazepam, (an anti-anxiety medication) 2 mg., 4 times per day, as needed, for anxiety.</p> <p>A Medication Administration Record</p>		<p>planned.</p> <p>IV. These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</p> <p>DNS/Designee will report findings of audits to monthly QA meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.</p>		

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	<p>for Resident #135 for February 2013, indicated he received Lorazepam on 2/11 at 7:43 p.m., 2/12 at 9:28 a.m., 2/14 at 7:29 p.m., 2/15 at 3:40 p.m., 2/16 at 8:52 a.m., and 2/18 at 9:08 a.m. The administration record indicated the medications were effective. Nurses notes for February 11, 12, 14, 15, 16, and 18, 2013, did not indicate any non pharmacological interventions were attempted prior to the administration of the Lorazepam.</p> <p>A care plan for anxiety was not found in Resident #135's record.</p> <p>On 2/18 13 at 3:00 p.m., the DON indicated an anxiety care plan had not been created for Resident #122.</p> <p>3. The record of Resident #127 was reviewed on 2/18/13 at 2:10 p.m.</p> <p>Diagnoses for Resident #127 included, but were not limited to, secondary Parkinsonism and depressive disorder.</p> <p>Resident #122 was admitted to the facility on 12/13/13.</p> <p>An admission MDS assessment, dated 12/20/12, indicated Resident #127 was independent in cognitive skills for daily decision making.</p>			

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	<p>A physician's order, dated 1/26/13, indicated Resident #127 could receive Xanax, (an anti-anxiety medication) 0.25 mg., 2 times per day, as needed, for anxiety. Another physician's order, dated 1/29/13, indicated she was to receive a scheduled dose of Xanax, 0.25 mg., twice a day. Another physician's order, dated 2/5/13, indicated she was to receive Xanax, 0.25 mg., at bedtime every night.</p> <p>A care plan for anxiety was not found in Resident #127's record.</p> <p>On 2/18/13 at 3:50 p.m., the DON indicated an anxiety care plan had not been created for Resident #127</p> <p>4. The record of Resident #94 was reviewed on 2/18/13 at 4:00 p.m.</p> <p>Diagnoses for Resident #94 included, but were not limited to, spinal cord injury, gastritis, depressive disorder, and pressure ulcer.</p> <p>Resident #94 was admitted to the facility on 4/12/12.</p> <p>A quarterly MDS assessment, dated 1/23/13, indicated Resident #94 was independent in cognitive skills for</p>			

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	<p>daily decision making. It indicated the resident reported his pain as frequent and at a level of 4 (on a scale of 1 - 10)</p> <p>A physician's order, dated 4/12/12, indicated Resident #94 could receive Norco, (a narcotic pain medication) 10-325 mg., 1 tablet, every 6 hours, as needed, for severe pain.</p> <p>A Medication Administration Record for January, 2013, indicated Resident #94 received Norco on 1/4 at 11:43 p.m., 1/10 at 3:24 p.m., 1/14 at 6:02 p.m., 1/15 at 6:36 p.m., 1/16 at 11:39 p.m., and 1/18 at 12:48 a.m.</p> <p>A care plan for pain was not found in the resident's record.</p> <p>On 2/19/13 at 11:00 a.m., the DON indicated a care plan for pain had not been created for Resident #94.</p> <p>3.1-35(a)</p>				

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>1. Based on record review and interview, the facility failed to ensure plans of care were followed for 5 of 10 residents who met the criteria for review of administering as needed pain medication in a sample of 37. (Residents #68, #116, #122, #127 and #135)</p> <p>2. Based on observation, interview and record review, the facility failed to provide laboratory services as ordered by a physician for 1 of 10 residents who met the criteria for review of laboratory blood tests being done to assess the effects of medication in a sample of 37. (Resident #30)</p> <p>Findings include:</p> <p>1. A. The record of Resident #68 was reviewed on 2/18/13 at 8:40 a.m.</p> <p>Diagnoses for Resident #68 included, but were not limited to, fracture of the radius (arm bone), arthritis, and spinal stenosis.</p>	F000282	<p>F282 D I. The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>Residents listed in 2567 had charts reviewed.R135 was discharged home.R30 had lab drawn on 2/15/13. II. Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows: Licensed nurses were educated on March 13, 2013 regarding documentation of pain, including but not limited to location of pain, pain rating on scale of 1-10 and follow up assessment after pain medication has been administered. Licensed nurses were educated on March 13, 2013 regarding monitoring on ensuring labs that are ordered are drawn. Charts were reviewed to ensure that all ordered labs had been drawn. III. The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows: Licensed</p>	03/15/2013	

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	<p>Resident #68 was admitted to the facility on 1/16/13.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 1/23/13, indicated Resident #68 was independent with daily decision making, and had "frequent" pain which limited her activities. The pain was rated at "6", on a scale of 1 - 10.</p> <p>A care plan for Resident #68, dated 1/22/13, indicated a problem of "Pain management and monitoring related to: Fracture to right wrist, arthritis, chronic back pain...and spinal stenosis." Goals included "...Patient will achieve acceptable pain level goal...Will maintain adequate level of comfort as evidenced by no s/sx [signs and symptoms] of unrelieved pain or distress, or verbalizing satisfaction with level of comfort..." Interventions included "...Evaluate characteristics and frequency/pattern of pain,...Evaluate what makes the patient's pain worse...Utilize pain monitoring tool to evaluate effectiveness of interventions..."</p> <p>A physician's order, dated 1/16/13, indicated Resident #68 could receive Hydrocodone-Acetaminophen, (a narcotic pain medication) 5-500</p>		<p>nurses were educated on March 13, 2013 regarding documentation of pain, including but not limited to location of pain, pain rating on scale of 1-10 and follow up assessment after pain medication has been administered and on ensuring labs that are ordered are drawn. DNS/Designee will audit nurse's notes daily to ensure that any prn pain medication given will have documentation that includes location of pain, pain rating on scale of 1-10 and follow up assessment after pain medication has been administered. DNS/Designee will audit new orders during morning clinical meetings utilizing the lab monitoring tool to ensure that all ordered labs have been drawn. The audits will be conducted 5 times a week for 8 weeks, then 3 times a week for 8 weeks and then weekly as ongoing process. IV. These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following: DNS/Designee will report findings of audits to monthly QA meetings for 6 months, any patterns or trends will have an action plan written and</p>				

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	<p>milligrams, (mg.) 1 tablet, every 6 hours, as needed, for pain.</p> <p>Medication Administration Records for January and February, 2013, indicated Resident #68 received Hydrocodone-Acetaminophen on 1/25 at 5:55 a.m., 1/26 at 5:18 a.m., 1/30 at 3:05 a.m., and 2/6 at 4:55 a.m. No nursing documentation was found to indicate characteristics or location of the pain, or use of a pain monitoring tool.</p> <p>A physician's order, dated 1/16/13, indicated Resident #68 could receive Tramadol (a non-narcotic pain relief medication) 50 mg. 1 tablet every 5 hours as needed.</p> <p>Medication Administration Records for January and February, 2013, indicated Resident #68 received Tramadol on 1/17, 1/20, and 1/24. No nursing documentation was found to indicate reason for giving, characteristics or location of pain, or use of a pain monitoring tool.</p> <p>B. The record of Resident #116 was reviewed on 2/19/13 at 2:00 p.m.</p> <p>Diagnoses for Resident #116 included, but were not limited to,</p>		interventions implemented.		

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	<p>chronic pain syndrome, depressive disorder, and osteoarthritis.</p> <p>Resident #116 was admitted to the facility on 11/26/12.</p> <p>An admission MDS, dated 12/3/12, indicated Resident #116 was independent in her daily decision making, and she rated her pain as "frequent" at a level of "8," on a scale of 1 - 10.</p> <p>A care plan for Resident #116, dated 12/5/12, indicated a focus of "Needs pain management and monitoring related to: Chronic pain syndrome..." Interventions included "...Evaluate and Establish level of pain on numeric scale/evaluation tool...Evaluate characteristics and frequency/pattern of pain...Utilize pain monitoring tool to evaluate effectiveness of interventions..."</p> <p>A physician's order dated 11/26/12, indicated Resident #116 could receive Morphine Sulfate, 15 mg., 1 tablet ,every 4 hours, as needed.</p> <p>Medication Administration Records for January and February, 2013, indicated Resident #116 received Morphine 15 mgs on 1/2/13 at 5:18 a.m. and 4:09 p.m., and 2/19/13 at</p>			

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	<p>7:11 p.m. No nursing documentation was found to indicate the location of her pain, or that it was evaluated on a numeric scale at the time of these morphine administrations. There was no documentation to indicate a pain monitoring tool was used.</p> <p>C. The record of Resident #122 was reviewed on 2/15/13 at 11:00 a.m.</p> <p>Diagnoses for Resident #122 included, but were not limited to, femur fracture, chronic pain, and infection of the bone in lower leg.</p> <p>Resident #122 was admitted to the facility on 11/13/12.</p> <p>An Admission MDS assessment, dated 11/20/12, indicated Resident #122 was moderately cognitively impaired, and rated his pain as "frequent" at a level "8," on a scale of 1 - 10.</p> <p>A care plan for Resident #122, dated 11/23/11, indicated a problem of "Needs Pain management and monitoring related to: Wound, Surgical Procedure and dx [diagnosis] of chronic pain. Interventions included "...Evaluate and Establish level of pain on numeric scale/evaluation tool..."</p>						

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	<p>A physician's order, dated 1/14/13, indicated Resident #122 could receive Oxycodone-Acetaminophen, (a narcotic pain medication) 5-325 mg., 1 or 2 tablets, every 4 hours, as needed.</p> <p>A Medication Administration Record for February, 2013, indicated Resident #122 received 2 tablets of Oxycodone-Acetaminophen 5-325 mg. on February 2, at 2:18 a.m., 2/4 at 12:34 a.m., and 4:09 p.m., 2/5 at 2:06 a.m., and 9:28 a.m., 2/6 at 1:07 a.m., 2/7 at 2:50 a.m., 2/9 at 1:56 a.m., 2/11 at 9:29 a.m., 2/12 at 8:42 a.m., 2/13 at 8:12 a.m., 2/14 at 8:28 a.m., 2/15 at 11:54 a.m., and 2/16 at 9:11 a.m., 2013. No nursing documentation was found to indicate the location of his pain, or that it was evaluated on a numeric scale at the time of these Oxycodone-Acetaminophen medication administrations. There was no documentation to indicate a pain monitoring tool was used.</p> <p>D. The record of Resident #127 was reviewed on 2/18/13 at 2:10 p.m.</p> <p>Diagnoses for Resident #127 included, but were not limited to, secondary Parkinson's disease and</p>			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155138		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/21/2013	
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	<p>arthropathy.</p> <p>Resident #127 was admitted to the facility on 12/13/12.</p> <p>An admission MDS assessment, dated 11/2012, indicated Resident #127 was independent with daily decision making, and had "frequent" pain rated at a level "6" on a scale of 1 - 10.</p> <p>A care plan for Resident #127, dated 1/20 13, indicated a problem of "Pain management and monitoring related to Osteoarthritis..." Interventions included "Evaluate and Establish level of pain on numeric scale/evaluation tool..."</p> <p>A physician's order, dated 12/13/12, indicated Resident #127 could receive Norco, 7.5-325 mg, (a narcotic pain medication) 1 tablet, every 4 hours, as needed, for pain.</p> <p>A Medication Administration Record for January, 2013, indicated Resident #127 received Norco on January 4 at 7:48 a.m., 1/5 at 11:54 p.m., 1/12 at 7:57 a.m., 1/15 at 4:23 p.m., and 1/21 at 2:47 a.m., 2013. No nursing documentation was found to indicate the location of her pain, or that it was evaluated on a numeric scale at the</p>						

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	<p>time of these Norco medication administrations. There was no documentation to indicate a pain monitoring tool was used.</p> <p>E. The record of Resident #135 was reviewed on 2/18/13 at 11:25 a.m.</p> <p>Diagnoses for Resident #135 included, but were not limited to drug dependence and abscess of the mediastinum.</p> <p>Resident #135 was admitted to the facility on 2/11/13. An admission MDS assessment, dated 2/16/13, indicated he was independent with his daily decision making.</p> <p>A care plan for Resident #135, dated 2/12/13, indicated a problem of "Needs Pain management and monitoring related to: Wound, Surgical Procedure..." Interventions included "...Evaluate and Establish level of pain on numeric scale/evaluation tool..."</p> <p>A physician's order, dated 2/11/13, indicated Resident #135 could receive Oxycodone-Acetaminophen, 10-325 mg., 2 tablets, every 4 hours, as needed, for pain.</p> <p>A Medication Administration Record</p>			

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	<p>for February, 2013 indicated Resident #135 received Oxycodone-Acetaminophen 10-325 mg on 2/12 at 4:24 a.m., 8:33 a.m., 12:50 p.m. and 4:04 p.m., 2/13 at 2:24 p.m., 2/15 at 3:40 p.m., and 2/18 at 9:06 a.m. There was no documentation in the resident's record to indicate the location of his pain, or that it was evaluated on a numeric scale, prior to the administration of this pain medication.</p> <p>A facility policy, titled "Administration Procedures For All Medications," dated November, 2011, received from the Director of Nursing (DON) on 2/18/13 at 9:00 a.m. indicated "...When administering an 'as needed' (PRN) medication, document reason for giving, observe for medication/reactions and record [on the PRN effectiveness sheet/nurses's notes]."</p> <p>During an interview with the DON on 2/18/13 9:00 a.m., she indicated nurses should be documenting the intensity and location of the pain. She indicated at this time the facility was no longer using a, "pain monitoring tool."</p>			
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	<p>2. The clinical record for Resident #30 was reviewed on 2/15/13 at 10:00 a.m. Resident #30 was admitted to the facility on 6/5/2012.</p> <p>Diagnoses for Resident #30 included, but were not limited to, diabetes mellitus.</p> <p>A review of the January physician's recapitulated orders indicated Resident #30 was to have a HgbA1C (Hemoglobin A1C, a test to measure blood/plasma sugar levels) laboratory test done every three months. The last HgbA1C test was completed on 10/9/12., approximately 4 months ago.</p> <p>During an interview with the DON (Director of Nursing) on 2/15/13 at 12:30 p.m., further information was requested for the HbgA1C test that was scheduled to be done in January, 2013.</p> <p>During an interview with the DON on 2/15/13 at 3:00 p.m., she indicated there was no HgbA1C test completed in January, as ordered. At this time the facility ordered a STAT (to be</p>			
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	<p>done immediately) HgbA1C test for Resident #30.</p> <p>A facility policy, dated January, 2011, titled "Lab Processing/Tracking Guideline," indicated "labs are scheduled and drawn as per physician orders."</p> <p>3.1-35(g)(2)</p>			

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>1. Based on record review and interview, the facility failed to ensure residents' pain was assessed for location and intensity and their anxiety was assessed for cause and alternative non-pharmacological interventions were offered to the residents prior to the administration of as needed pain and anti-anxiety medications. This affected 4 of 10 residents who met the criteria for review of unnecessary medication</p>	F000329	<p>F329D</p> <p>I. The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>R135 was discharged home R122 had pain medication and physician wants the prn medication. Anti anxiety prn medication was discontinued. R127 had prn Anti anxiety medication reviewed with the</p>	03/15/2013

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	<p>administration in a sample of 37. (Residents #94, #122, 127, 135)</p> <p>2. Based on observation, interview and record review, the facility failed to provide reasoning for an increase in an antipsychotic medication for 1 of 10 residents reviewed for unnecessary medications in a sample of 10 residents. (Resident # #30)</p> <p>Findings include:</p> <p>1. A. The record of Resident #94 was reviewed on 2/18/13 at 4:00 p.m.</p> <p>Diagnoses for Resident #94 included, but were not limited to, spinal cord injury, gastritis, depressive disorder, and pressure ulcer.</p> <p>Resident #94 was admitted to the facility on 4/12/12.</p> <p>A quarterly MDS assessment, dated 1/23/13, indicated Resident #94 was independent in cognitive skills for daily decision making. It indicated the resident reported his pain as frequent and at a level of 4 (on a scale of 1 - 10).</p> <p>A physician's order, dated 4/12/12,</p>		<p>resident's physician and prn medication was changed to routine.</p> <p>R94 had prn pain medication reviewed with the resident's physician and prn medication was not changed per MD but the nursing staff was educated on assessing and documenting on pain.</p> <p>R30 was seen by her Psychiatrist on 2-18-13 and documented "tolerating recent increase in Risperdal with improvement in psychosis (delusions and hallucinations".</p> <p>II. Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p> <p>Education was held on March 13, 2013 regarding documentation of pain, including but not limited to location of pain, pain rating on scale of 1-10 and follow up assessment after pain medication has been administered.</p> <p>III. The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</p>				

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	<p>indicated Resident #94 could receive Norco (a narcotic pain medication) 10-325 mg. (milligrams) 1 tablet every 6 hours as needed for severe pain.</p> <p>A Medication Administration Record for January, 2013, indicated Resident #94 received Norco on 1/4 at 11:43 p.m., 1/10 at 3:24 p.m., 1/14 at 6:02 p.m., 1/15 at 6:36 p.m., 1/1 at 11:39 p.m., and 1/1 at 12:48 a.m. The record did not indicate the location or the numerical intensity of the pain, or whether non-pharmacological interventions were offered prior to these administrations of Norco.</p> <p>1. B. The record of Resident #122 was reviewed on 2/15/13 at 11:00 a.m.</p> <p>Diagnoses for Resident #122 included, but were not limited to, femur fracture, chronic pain, and infection of the bone in lower leg.</p> <p>Resident #122 was admitted to the facility on 11/13/12.</p> <p>An Admission MDS assessment, dated 11/20/12, indicated Resident #122 was moderately cognitively impaired and rated his pain as frequent at a level 8, on a scale of 1 - 10.</p>		<p>Education was held on March 13, 2013 regarding documentation of pain, including but not limited to location of pain, pain rating on scale of 1-10 and follow up assessment after pain medication has been administered.</p> <p>IDT will have a Behavior meeting March 18, 2013 to review the residents on anxiety medications and possible dose reduction. Any drug reduction or increase will include appropriate reason.</p> <p>Behavior Meetings will be held monthly which will include but not limited to Nursing Management, Social Services, facility medical director, psychiatrist and psychologist.</p> <p>DNS/Designee will audit new orders for anxiety medications and any documentation of prn pain administered 5 x a week for 8 weeks, then 3 times a week for 8 weeks, and the weekly for 8 weeks to ensure that new medications are care planned.</p> <p>IV. These corrective actions will be monitored and a quality assurance program</p>		

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	<p>A care plan for Resident #122, dated 11/23/11, indicated a problem of "Needs Pain management and monitoring related to: Wound, Surgical Procedure and dx [diagnosis] of chronic pain." Interventions included "...Evaluate and Establish level of pain on numeric scale/evaluation tool..."</p> <p>A physician's order, dated 1/14/13, indicated Resident #122 could receive Oxycodone-Acetaminophen (a narcotic pain medication) 5-325 mg. 1 or 2 tablets every 4 hours as needed.</p> <p>A Medication Administration Record for February, 2013, indicated Resident #122 received 2 tablets of Oxycodone-Acetaminophen 5-325 mg. on February 2 at 2:18 a.m., 2/4 at 12:34 a.m. and 4:09 p.m., 2/5 at 12:06 a.m. and 9:28 a.m., 2/6 at 1:07 a.m., 2/7 at 2:50 a.m., 2/9 at 1:56 a.m., 2/11 at 9:29 a.m., 2/12 at 8:42 a.m., 2/13 at 8:12 a.m., 2/14 at 8:28 a.m., 2/15 at 11:54 a.m., and 2/16 at 9:11 a.m., 2013.</p> <p>The record did not indicate the location or numerical intensity of Resident #122's pain or if alternative, non-pharmacological interventions</p>		<p>implemented to ensure the deficient practice will not recur per the following:</p> <p>DNS/Designee will report findings of audits to monthly QA meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.</p>	

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	<p>were offered prior to these administrations of Oxycodone-Acetaminophen.</p> <p>A physician's order, dated 12/23/12, indicated Resident #122 could receive Xanax (an anti-anxiety medication) 0.25 milligrams (mg.) three times a day as needed for anxiety.</p> <p>A Medication Administration Record for Resident #122 for January, 2013, indicated he received Xanax on 1/4 at 7:49 a.m., 1/7 at 7:59 a.m., 1/8 at 6:52 a.m., 1/9 at 5:04 p.m. and 1/10 at 8:19 a.m. The administration record indicated the medications were effective. Nurses' notes for January 4, 7, 8, 9 and 10 did not indicate specify anxiety symptoms or whether non-pharmacological interventions were attempted prior to the administration of the Xanax.</p> <p>1.C. The record of Resident #127 was reviewed on 2/18/13 at 2:10 p.m.</p> <p>Diagnoses for Resident #127 included, but were not limited to, secondary Parkinson's disease and arthropathy.</p> <p>Resident #127 was admitted to the facility on 12/13/12.</p>						

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	<p>An admission MDS assessment, dated 11/2012, indicated Resident #127 was independent with daily decision making and had frequent pain rated at a level 6 on a scale of 1 - 10.</p> <p>A care plan for Resident #127, dated 1/20 13, indicated a problem of "Pain management and monitoring related to Osteoarthritis..." Interventions included "Evaluate and Establish level of pain on numeric scale/evaluation tool..."</p> <p>A physician's order, dated 12/13/12, indicated Resident #127 could receive Norco 7.5-325 mg, (a narcotic pain medication) 1 tablet, every 4 hours as needed for pain.</p> <p>A physician's order, dated 1/26/13 indicated Resident #127 could receive Xanax, (an anti-anxiety medication) 0.25 mg 2 times per day as needed for anxiety.</p> <p>A Medication Administration Record for January, 2013, indicated Resident #127 received Narco on January 4 at 7:48 a.m., on 1/5 at 11:54 p.m., on 1/12 at 7:57 a.m., on 1/15 at 4:23 p.m., and 1/21 at 2:47 a.m., 2013. Nurse's notes did not indicate the</p>						

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	<p>location or numerical intensity of the resident's pain or whether alternative non-pharmacological interventions were offered to the resident prior to these administrations of Narco.</p> <p>A physician's order, dated 1/26/13 indicated Resident #127 could receive Xanax, (an anti-anxiety medication) 0.25 mg 2 times per day as needed for anxiety.</p> <p>A Medication Administration Record for January, 2013, indicated Resident #127 received Xanax on 1/28 at 8:20 a.m. Nurses' notes for January 28, 2013, did not specify anxiety symptoms or whether non-pharmacological interventions were attempted prior to the administration of the Xanax.</p> <p>1.D. The record of Resident #135 was reviewed on 2/18/13 at 11:25 a.m.</p> <p>Diagnoses for Resident #135 included, but were not limited to, drug dependence and abscess of the mediastinum (the area in the chest between the lungs).</p> <p>Resident #135 was admitted to the facility on 2/11/13. An admission MDS assessment dated 2/16/13</p>				

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	<p>indicated he was independent with his daily decision making.</p> <p>A care plan for Resident #135, dated 2/12/13, indicated a problem of "Needs Pain management and monitoring related to: Wound, Surgical Procedure..." Interventions included "...Evaluate and Establish level of pain on numeric scale/evaluation tool..."</p> <p>A physician's order, dated 2/11/13, indicated Resident #135 could receive Oxycodone-Acetaminophen 10-325 mg. 2 tablets every 4 hours as needed for pain.</p> <p>A Medication Administration Record for February, 2013 indicated Resident #135 received Oxycodone-Acetaminophen 10-325 mg on 2/12 at 4:24 a.m., 8:33 a.m., 12:50 p.m., and 4:04 p.m., 2/13 at 2:24 p.m., 2/15 at 3:40 p.m., and 2/18 at 9:06 a.m. There was no documentation in the resident's record to indicate the location or numeric intensity prior to the administration of this pain medication.</p> <p>A physician's order dated 2/11/13 indicated Resident #135 could receive Lorazepam (an anti-anxiety medication) 2 mg. 4 times per day as</p>			

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	<p>needed for anxiety.</p> <p>A Medication Administration Record for Resident #135 for February, 2013, indicated he received Lorazepam on 2/11 at 7:43 p.m., 2/12 at 9:28 a.m., 2/14 at 7:29 p.m., 2/15 at 3:40 p.m., 2/16 at 8:52 a.m., and 2/18 at 9:08 a.m. The administration record indicated the medications were effective. Nurses notes for February 11, 12, 14, 15, 16, and 18 did not specify anxiety symptoms or whether alternative, non-pharmacological interventions were offered prior to these administrations of Lorazepam.</p> <p>A facility policy, titled "Administration Procedures For All Medications," dated November, 2011, received from the Director of Nursing (DON) on 2/18/13 at 9:00 a.m. indicated "...When administering an 'as needed' (PRN) medication, document reason for giving, observe for medication/reactions and record [on the PRN effectiveness sheet/nurses's notes]."</p> <p>During an interview with the DON on 2/18/13 9:00 a.m., she indicated nurses should be documenting the intensity and location of the pain on a numeric pain scale and offering non-pharmacological interventions to</p>				

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	<p>resident having anxiety prior to the administration of pain and anxiety medications.</p> <p>2. The clinical record for Resident #30 was reviewed on 2/15/13 at 10:00 a.m. Resident #30 was admitted to the facility on 6/5/2012.</p> <p>Diagnoses for Resident #30 included but were not limited to, reactive psychosis (a psychotic episode triggered by a traumatic event), anxiety, and personality disorder.</p> <p>A "Clinical Pharmacist Letter to Physician Services" on 1/11/13, indicated Resident #30 was taking Risperdal 0.5 mg BID (twice daily). It also stated "Nursing states they do not feel Risperdal is helping with the diagnoses associated. She has had</p>				

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	<p>several falls and the facility would like to try a reduction at this time." The physician that viewed the recommendation responded, "was increased to 1 mg BID on 1/15/13," and no other comments.</p> <p>A "Physician's Orders" note was found dated 1/15/13 and stated "increase Risperdal to 1 mg PO BID (by mouth, twice daily) for psychosis."</p> <p>A "Nursing Home Psychiatric Subsequent Visit Form" indicated Resident #30 had been on an "ABT (antibiotic) for a UTI (urinary tract infection)" and had an Episode of "paranoia and crying on 1/17/13."</p> <p>During an interview with the DON (Director of Nursing) on 2/15/13 at 12:30 p.m., further information was requested in regards to why the physician felt the increase in the antipsychotic medication was necessary.</p> <p>No further information was provided by the facility in regards to the physicians decision to increase Resident #30's antipsychotic medication.</p> <p>A facility policy undated and titled "Tapering For Off Label Use of</p>			

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	<p>Antipsychotic Drugs" indicated, "Documentation is needed in the individual's record why additional dose reduction will cause impairment, psychotic instability, or exacerbate the underlying psychiatric disorder."</p> <p>3.1-48(a)(3) 3.1-48(a)(4)</p>			

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F000371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation and interview, the facility failed to maintain sanitary conditions in the kitchen. This had the potential to affect residents (87) who received meals from the facility's kitchen.</p> <p>Findings Include:</p> <p>During an observation of the facility's kitchen on 2/12/13, at 10:45 a.m., expired food was noted in the refrigerator. The expired food was as follows...</p> <p>Tomato Soup, dated 1/29/13, use by 2/1/13 Tomato Soup, dated 1/31/13, use by 2/7/13 Spaghetti Sauce, dated 2/6/13, use by 2/9/13</p> <p>During an observation of the food preparation for lunch time meal on 2/12/13 at 11:15 a.m., the Dietary Manager was observed to have pieces of her hair hanging out from under the head covering she was</p>	F000371	<p>F371 E</p> <p>I. The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>The outdated tomato soup and spaghetti sauce were discarded on 2/12/13 and not used for meal preparation.</p> <p>The dietary manager was educated on hair restraints on 2/12/13. She wore 2 hair nets & a head band during the survey.</p> <p>In-service was given to dietary staff on facility policy on labeling food items and discarding outdated items by the Dietary Manager on 2/12/12.</p> <p>In-service was provided to dietary staff on facility policy on hair restraints by the Dietary Manager on 2/12/13.</p> <p>II. Other residents having the potential to be affected by the</p>	03/15/2013			

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	<p>wearing.</p> <p>During an interview on 2/12/13 at 11:00 a.m., the Dietary Manager indicated she had checked the refrigerator for expired food previously and didn't note any expired foods. She also indicated she was helping to cook on this day because she had staff members who had called off of work that day.</p> <p>3.1-21(i)(2)</p>		<p>same deficient practice will be identified and the corrective actions taken are as follows:</p> <p>Food dates will be monitored at the beginning of each shift. Outdated food will be discarded.</p> <p>The dietary manager was educated on hair restraints on 2/12/13. She will keep her hair contained.</p> <p>III. The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</p> <p>Food preparation and storage procedures will be monitored daily (at least 5 times per week for 4 weeks) by the DSM and/or the RD during consultation visits.</p> <p>IV. These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</p> <p>The Dietary Manager will report any trends of deficiencies found to the QAPI Committee on a monthly basis for 3 months for recommendations</p>		

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			and resolutions.	

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F009999	<p>Based on record review and interview, the facility failed to ensure 1st step (Employee #20), 2nd step (Employees #4, #48, and #62), and annual (Employee #8) tuberculin skin tests were completed for 5 of 13 employees hired in 2010 or 2012. (Employee #4, #8, #20, #48, and #62)</p> <p>Findings include:</p> <p>Employee files were reviewed on 2/20/13 at 3:00 p.m., with the following findings:</p> <p>Employee # 4 Date of hire 11/20/12 Title: Registered Nurse. There was documentation of first step tuberculin skin test. No evidence of a second step tuberculin skin test was found.</p> <p>Employee #8 Date of hire 04/06/10 Title: Registered Nurse. No evidence of an annual tuberculin skin test was found.</p> <p>Employee #20 Date of hire 12/11/12 Title: License Practical Nurse. There was no documentation of first or second step tuberculin skin test.</p>	F009999	<p>99999</p> <p>I. The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>First step, 2nd step and annual tuberculin skin tests will be completed for employees #4, #8, #20, #48 & #62.</p> <p>II. Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p> <p>An audit (using a payroll list) of all employees will be conducted to determine what employees are in need of a timely tuberculin skin test.</p> <p>Employees having been found with an outdated tuberculin skin test will be given a new skin test.</p> <p>III. The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</p>	03/15/2013	

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	<p>Employee #48 Date of hire 11/27/12 Title: Certified Nurse Aide. There was documentation of first step tuberculin skin test. No evidence of a second step tuberculin skin test was found.</p> <p>Employee #62 Date of hire 12/24/12 Title: Certified Nurse Aide. There was documentation of first step tuberculin skin test. No evidence of a second step tuberculin skin test was found.</p> <p>The Executive Director was interviewed on 2/20/13 at 4:00 p.m., and indicated the documentation for tuberculin skin test for employee files reviewed was lacking and not performed.</p> <p>3.1-14(t)(1)</p>		<p>All new employees will receive TB testing upon hire per facility policy.</p> <p>Annual TB testing will be completed for all employee's per facility policy.</p> <p>The Director of Clinical Education (DCE) will oversee the monitoring and administration of TB test for all employees.</p> <p>IV. These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</p> <p>DCE/Designee will report findings of the audit to monthly QAPI meetings for 6 months, any patterns or trends will have an action plan written and interventions implemented.</p>		