

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G080		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/23/2013	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SOUTH CENTRAL				STREET ADDRESS, CITY, STATE, ZIP CODE 725 CARR ST MILAN, IN 47031			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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			
W000000	<p>This visit was for the investigation of complaint #IN00126578.</p> <p>Complaint #IN00126578: Substantiated. Federal/state deficiency related to the allegation(s) was cited at W340.</p> <p>Dates of survey: April 22 and 23, 2013.</p> <p>Facility Number: 000623 Provider Number: 15G080 AIM Number: 100233870</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>This deficiency reflects state findings in accordance with 460 IAC 9. Quality Review completed 4/25/13 by Ruth Shackelford, Medical Surveyor III.</p>	W000000					

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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W000340	<p>483.460(c)(5)(i) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility's nurse failed to train staff and clients to ensure client A's medications for COPD (Chronic Obstructive Pulmonary Disease) were taken for optimal benefit.</p> <p>Findings include:</p> <p>During observations at the facility on 4/22/13 from 2:00 PM until 6:52 PM, client A participated in a medication administration at 4:35 PM. Staff #3 administered Spiriva Handihaler (for COPD) 2 inhalations. Client A inhaled from the Handihaler, exhaled back into it and inhaled a second time. Client A did not remove his mouth from the apparatus between inhalations. Client A was administered a dose of Albuterol via a nebulizer with a mouthpiece. Client A did not breathe the medicated mist in a slow, controlled manner deeply into his lungs. Client A took short, shallow, breaths in a quick manner.</p>	W000340	<p>Corrective action:</p> <ul style="list-style-type: none"> · Staff have been inserviced on Client A's breathing treatments (Attachment A). · Client A has been inserviced on administration of breathing treatments (Attachment B). · Nurse has been inserviced on training staff and clients in the proper administration of breathing treatments (Attachment C). <p>How we will identify others:</p> <p>Nursing Manager will review client breathing treatments to ensure that staff and clients have been trained on correct administration.</p> <p>Measures to be put in place:</p> <p>Nursing Manager will inservice all nursing</p>	05/06/2013			

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	<p>The package inserts with the directions of applications for both medications were reviewed on 4/22/13 at 5:35 PM. The instructions for the Spiriva Handihaler indicated to the recipient: "Do not breathe into your Handihaler." The instructions indicated to load the medicated capsule into the Handihaler, pierce the capsule, empty your lungs and inhale the medication, and remove the Handihaler before exhaling. The process was to be repeated. The package insert for the Albuterol taken by nebulizer indicated the recipient should add the medication to the nebulizer, turn it on and hold the delivery nozzle in the mouth. The instructions indicated to breathe "calmly, deeply and evenly."</p> <p>Review of client A's record on 4/22/13 at 3:20 PM indicated his diagnoses included, but were not limited to, COPD, lymphoma, leukemia, and anemia. The review indicated the client had been hospitalized twice since 2/13. He was discharged from a long term care facility after a hospitalization for pneumonia on 3/20/13. He was readmitted to a hospital and discharged on 4/9/13 to the facility with diagnoses including, but not limited to, Cryptogenic organizing pneumonia and acute hypoxic respiratory failure. The client was prescribed the Spiriva Handihaler once daily and Albuterol by</p>		<p>personnel that staff and clients must be trained in administration of medications, including breathing treatments.</p> <p>Monitoring of Corrective Action: Nursing Manager will review inservices to ensure that staff and clients are trained in medication administration, including breathing treatments,</p> <p>Completion Date: 5-6-2013</p>				

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	<p>nebulizer 4 times daily, Symbicort 2 puffs twice daily and oxygen (as needed to keep his oxygen levels at above 92%) to treat his lung issues and propensity to develop pneumonia.</p> <p>Interview with staff #3 and #4 on 4/22/13 at 5:00 PM indicated they had dealt with breathing treatments for clients in the past. The interview indicated the facility nurse had not trained the client or the staff in regards to administering client A's breathing treatments/medications.</p> <p>Interview with RN #1 on 4/23/13 at 10:16 AM indicated it was the nurse's responsibility to train staff and clients in the proper administration breathing treatment to ensure proper delivery of prescribed medications.</p> <p>This federal tag relates to complaint #IN00126578.</p> <p>9-3-6(a)</p>				