

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155751	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER MEADOW LAKES		STREET ADDRESS, CITY, STATE, ZIP 200 MEADOW LAKE DR MOORESVILLE, IN 46158	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an assessment of a surgical wound upon admission, wound care orders were implemented from date of admission, and refusal of antibiotic medication prescribed for wound care was acted upon by staff for 1 of 3 residents reviewed for wound care. (Resident B) Findings include: Resident B's clinical record was reviewed on 8/4/2020 at 11:30 a.m. [DIAGNOSES REDACTED]. The resident admitted to the facility on [DATE]. a. The nursing Admission assessment dated , 3/27/2020, for Resident B lacked documentation of a wound assessment being completed. The first wound assessment for Resident B was dated 3/30/2020. Interview, on 8/4/2020 at 11:30 a.m., the Wound Care Nurse indicated Resident B came in late on 3/27/2020, and did not get a wound assessment until 3/30/2020. b. The hospital Discharge Summary dated, 3/27/2020, for Resident B indicated, . Wound Care . patient is to have right foot wound dressing changed q (every) 48 hours with 1/2 [MEDICATION NAME] packing, gauze 4x4, ABD, kerlix and ACE bandage. If dressings become wet or detached they are to be replaced ASAP (as soon as possible) . Resident B's physician's orders [REDACTED]. cleanse right foot surgical wound with normal saline, pat dry, pack with [MEDICATION NAME] packing, cover with 4x4 gauze then ABD pad, then wrap with kerlix, cover with ACE wrap, change every other day . The start date of the order was 3/30/2020. The Treatment Administration Record (TAR) dated, 3/27/2020 through 4/14/2020, indicated Resident B's treatment to his right foot wound was initiated on 3/30/2020. Interview, on 8/4/2020 at 11:30 a.m., the Wound Care Nurse indicated Resident B came in late on 3/27/2020. She did not know the resident had wound care orders until she called the doctor on 3/30/2020. She was unaware of the Discharge Summary from the hospital dated, 3/27/2020, which included wound care orders. Interview, on 8/6/2020 at 2:25 p.m., Unit Manager (UM) 1 indicated the discharge summary from the hospital is the documentation the admitting nurse would use as orders when a resident is newly admitted . The wound care orders should have been put in the computer and wound care started as ordered. On 8/6/2020 at 3:26 p.m., the Administrator provided the facility's policy, Physician order [REDACTED]. A review of the policy indicated, . all new orders will be entered into (computer program name) Physician order [REDACTED], c. Resident B's physician's orders [REDACTED]. meropenem (an antibiotic) 0.9% sodium chloride piggyback; 1 gram/50 ml (milliliters). Amount to administer: 1000 mg (milligrams) intravenous (IV) . A review of the Event Report dated 4/10/2020 at 7:58 a.m., indicated, . Monitor and Document refusal of care-non compliance . Review of Nursing Progress Notes indicated the following: - 4/13/2020 at 3:18 a.m., . patient refusing IV medication at this time d/t (due to) what he feels like is an allergic reaction (lethargy/confusion) . - 4/13/2020 at 1:45 p.m., . resident refused IV ATB (antibiotic) TX (treatment) resident stated medication had him feel funny (sic) . - 4/12/2020 at 1:32 p.m., . cont. (continues) to refuse ATB . - 4/12/2020 at 11:55 a.m., . res (resident) continues to refuse ATB . - 4/11/2020 at 1:48 p.m., . on call with (physician name) aware of refusal of IV ATB . - 4/11/2020 at 1:08 p.m., . refusing IV at this time . The clinical record for Resident B lacked documentation which indicated the facility responded to the refusal of ATB therapy. The resident discharged to the hospital on [DATE]. Interview, on 8/6/2020 at 12:11 p.m., the Administrator indicated there was no documentation in the resident's clinical record to indicate a staff response for the resident having refused the ATB therapy. This Federal tag relates to Complaint IN 573. 3.1-37(a)		
F 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure physician prescribed insulin was available for 1 of 3 residents reviewed for pharmacy services (Resident B). Findings include: On 8/5/20 at 2:30 p.m., Resident B's clinical record was reviewed. The [DIAGNOSES REDACTED]. Resident B's, April 2020, physician orders [REDACTED]. Resident B's progress notes indicated the following: -4/5/20 at 7:55 a.m., [MEDICATION NAME] r unavailable, pharm (pharmacy) to stat (send immediately) out. md (medical doctor) aware, awaiting new orders -4/5/20 at 8:20 a.m. res (resident) wife bringing in insulin at this time. administered. md aware. During an interview, on 8/4/20 at 3:00 P.M., the resident's spouse indicated on the morning of 4/5/20, the facility informed her they did not have the resident's [MEDICATION NAME] on hand. During an interview, on 8/5/20 at 3:20 P.M., LPN (Licensed Practical Nurse) 1 indicated on the morning of 4/5/20 the resident's [MEDICATION NAME] was not available to administer the prescribed dosage to the resident. A stat order for the resident's [MEDICATION NAME] R 100 unit/ML was placed with Omnicare of Indianapolis. She notified the physician, pharmacy and the resident's wife. The wife brought a bottle of the [MEDICATION NAME] R in. A delivery receipt from Omnicare of Indianapolis indicated the resident's [MEDICATION NAME] R 100 Unit/ML was ordered on [DATE] at 10:17 A.M. On 8/6/20 at 3:20 P.M., the facility Administrator provided the facility's Medication Shortages/Unavailable Medications policy, revised date 1/1/13. A review of the policy indicated, A licensed Facility nurse should obtain the ordered medication from the Emergency Medication Supply. If the ordered medication is not available in the Emergency Medication Supply, the licensed Facility nurse should call Pharmacy's emergency answering service and request to speak with the registered pharmacist on duty to manage the plan of action . This Federal tag relates to Complaint IN 573. 3.1-25(a)		
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.