

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF LAGRANGE		STREET ADDRESS, CITY, STATE, ZIP 0770 NORTH 075 EAST LAGRANGE, IN 46761	
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 0760 Level of harm - Actual harm Residents Affected - Few	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review the facility failed to ensure 1 of 3 residents reviewed were free from a significant medication error that resulted in monitoring in emergency room . (Resident B). Findings include: The clinical record for Resident B was reviewed on 8/5/20 at 10:30 A.M. [DIAGNOSES REDACTED]. A medication error report sheet dated 7/13/20, indicated Resident B received Resident D's medication during the morning medication pass. Licensed Practical Nurse (LPN) 4 asked Resident B if she was Resident D. Resident B responded that she was Resident D and LPN 4 gave her Resident D's medications. Resident B experienced lethargy, diaphoresis, vomiting, [MEDICAL CONDITION], pale lips, and tremors to the hands after the medication error occurred. An active order summary report dated 7/13/20, indicated Resident B was to receive 10-12.5 milligrams of [MEDICATION NAME]-[MEDICATION NAME] (blood pressure medication) during morning medication pass. An active order summary report dated 7/13/20, indicated Resident D was to receive 20 milligrams of atorvastatin (for high cholesterol; Side effects included low blood sugar and nausea), 125 micrograms of [MEDICATION NAME] (to prevent Vitamin D deficiency side effects include vomiting), 120 milligrams of [MEDICATION NAME] (for high blood pressure, side effects include low blood pressure and slow heart rate), 2.5 milligrams of Eliquis (to prevent blood clots and stroke, side effects included dizziness), 25 milligrams of [MEDICATION NAME] (for high blood pressure, side effects include slow heart rate and low blood pressure), 2 milligrams of [MEDICATION NAME] (for [MEDICAL CONDITION], side effects include weakness and confusion), 1 multi-vitamin, and 100 milligrams of [MEDICATION NAME] during morning medication pass. A progress note dated 7/13/20 at 9:10 A.M., indicated Resident B was sitting at the dining room table with her hand hanging forward. Tremoring was in her hands, her lips were pale, and she was diaphoretic. Resident B's temperature was 96.6, blood pressure was 88/49, pulse was 48 and her O2 saturation was 90% on room air. Resident B was taken to her room and was assisted to lie down. Resident B indicated she was nauseated, she was assisted to the side of the bed, and then vomited a large amount of yellow fluid. A progress note dated 7/13/20 at 9:27 A.M., indicated the Director of Nursing Services (DNS) and physician were notified. A new order was received to send Resident B to the emergency room for an evaluation and treatment. A progress note dated 7/13/20 at 9:43 A.M., indicated Emergency Medical Services had arrived. Resident B was resting quietly in bed, her color was pink, but she was still diaphoretic. Resident B's temperature was 96.6, blood pressure was 150/65, pulse was 73, and her O2 saturation was 94% on room air. Resident B was nauseated and vomited a small amount during the Emergency Medical Technician assessment. A progress note dated 7/13/20 at 9:52 A.M., indicated Emergency Medical Services transported Resident B by stretcher to the emergency room at a local hospital. The DNS was interviewed on 8/5/20 at 12:49 P.M. During the interview the DNS indicated the resident was at the hospital several hours so they could monitor her blood pressure and heart rate. She indicated would expect staff to know the residents in the facility and if they were not sure who someone was they should find out. She would also expect staff to use the 5 rights of medication administration to make sure the right residents are receiving the right medications. A policy, dated 5/6/2020, was provided by the Administrator on 8/5/20 at 1:47 P.M., titled Administration of Medications. The policy indicated .Significant medication error means one which causes the resident discomfort or jeopardizes his or her health and safety. This Federal tag relates to Complaint IN 632. 3.1-48(c)(2)</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.