STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155176	A. BUILDING _____ B. WING _____	**08/20/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GLENBROOK REHABILITATION & SKILLED NURSING CENTER	**3811 PARNELL AVE FORT WAYNE, IN 46805**

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 0842 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure accurate and complete clinical records were maintained for 3 of 5 residents administered as needed narcotic pain medications (Resident C, Resident D, and Resident G). Findings include: 1. On 8/18/20 at 1:42 P.M., Resident C's record was reviewed. [DIAGNOSES REDACTED]. 8/20/20 at 12:03 p.m., Resident C, identified as interviewable by the facility, was interviewed. During the interview, he indicated that he didn't request PRN pain medication during the day for breakthrough pain but that one of the nurses would just routinely give it to him at lunchtime. A physician's orders [REDACTED]. The order on the monthly physician re-writes did not indicate a frequency for administration of the medication. The MAR (Medication Administration Record) for July and August 2020, indicated [MEDICATION NAME] ([MEDICATION NAME]-[MEDICATION NAME]) 7.5-325 mg. tablets were to be given by mouth 2 times per day as needed for breakthrough pain-not to exceed 3 grams of [MEDICATION NAME] from all sources in 24 hours. Controlled Substance Records for [MEDICATION NAME] 7.5-325 mg tablets indicated the medication was administered as needed, however, the MAR indicated [REDACTED]. This occurred on the following dates: 7/5, 7/25, 7/29, 8/2, 8/8, 8/10, and 8/16/20. 2. On 8/19/20 at 10:53 a.m., Resident D's record was reviewed. [DIAGNOSES REDACTED]. A Plan of Care, dated 8/8/16, indicated the resident was at risk for pain. Interventions included, but were not limited to, administer meds as ordered and document effectiveness of PRN pain medications. A Physician order, dated 4/16/20 at unknown time, was for [MEDICATION NAME]-[MEDICATION NAME] 7.5-325 mg by mouth for moderate to severe pain. The order indicated to not exceed 4 grams of [MEDICATION NAME] from all sources within 24 hours. The MAR for June, July, and August 2020, indicated [MEDICATION NAME]-[MEDICATION NAME] 7.5-325 mg tablets-give 1 by mouth every 6 hours PRN for for moderate to severe pain. Do not exceed 4 grams of [MEDICATION NAME] from all sources within 24 hours. Controlled Substance Records for [MEDICATION NAME]-[MEDICATION NAME] 7.5-325 mg tablets indicated the medication was administered as needed, however, the MAR indicated [REDACTED]. This occurred on the following dates: 6/10, 6/12, 6/19, 6/20, 6/24, 6/27, 2 times on 7/1, 7/2, 7/5, 7/6, 7/10, 7/11, 7/12, 7/15, 7/19, and 7/26/20. Controlled Substance Records for 8/1 through 8/16/20 were requested from the facility but were not provided. The facility did provide the Controlled Substance Record for 8/17-8/19/20 which indicated the medication had been administered on 8/18/20 but there was no documentation on the MAR indicated [REDACTED]. 3. On 8/18/20 at 12:40 P.M., Resident G's record was reviewed. [DIAGNOSES REDACTED]. A Plan of Care, dated 10/16/19, indicated the resident was at risk for pain. Interventions included, but were not limited to, document effectiveness of PRN pain medications. A Physician order, dated 7/6/20 at unknown time, was for [MEDICATION NAME]-[MEDICATION NAME] ([MEDICATION NAME]) 5-325 mg by mouth for moderate to severe pain-not to exceed 3 grams of [MEDICATION NAME] from all sources in 24 hours. The MAR (Medication Administration Record) for July and August 2020 indicated the following: -[MEDICATION NAME]-[MEDICATION NAME] 5-325 mg by mouth every 6 hours PRN for moderate to severe pain-not to exceed 3 grams of [MEDICATION NAME] from all sources in 24 hours. Controlled Substance Records for [MEDICATION NAME]-[MEDICATION NAME] 5-325 mg tablets indicated the medication was administered, however, the MAR indicated [REDACTED]. This occurred on the following dates: 7/9, 7/10, 7/16, 2 times on 7/18, 7/30, and 8/10/20. This Federal tag relates to Complaint IN 926. 3.1-50(a)(1)(2)

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.